

# Chapter 2

## The Impact of Military Life on Young Children and Their Parents

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### Introduction

Children in the birth to preschool age range account for approximately 40 % of all military children, the single largest group found in military families (U.S. Department of Defense, 2012). In addition, these children are overrepresented in families where the service member parent is exposed to multiple deployments in high combat areas (Cozza & Feerick, 2011). It has been posited that early experiences lay the foundation for later development. Thus, it becomes critical to explore early childhood experiences within the military context and their impact on the developing child.

Regarding military families with young children, two major factors must be considered. First, since the establishment of the all-volunteer military and changes in deployment policies since the conflicts following 9/11, the demands of military life on families have changed considerably. Over the last decade, deployments and duty assignments have grown longer, become less predictable in onset and duration, more frequently involved combat exposure, and have shortened times between deployments (U.S. Department of Defense, 2010, 2012). Second, very few studies have examined the impact of military culture on the youngest children in military families or their caregivers (Osofsky & Chartrand, 2013; Paris, Devoe, Ross, & Acker, 2008).

This chapter explores the impact of military service on families with young children as well the unique needs of these families. We begin with a brief review of socio-emotional development throughout the 0–5-year age range and a description of experiences that can facilitate or challenge healthy development. Using a developmental framework, we then review what is currently known in the research field

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regarding the impact of military life on young children and their caregivers. Taking the information gleaned from these two areas, we conclude with recommendations for future research, as well as points to guide clinicians and parents as they support children through this period.

## **Socio-Emotional Development Within the Context of Early Relationships**

What a child experiences and learns during infancy and early childhood establishes a cognitive template for future events and sets into motion a trajectory of capacities and expectations about how things and people will interact, which affects how the young child will select and process new experiences (Shonkoff & Phillips, 2000). The *social-emotional* aspect of development relates to the intra- and interpersonal capacities and experiences of the child that facilitate their ability to adapt to various stressors, regulate their affective and behavioral reactions, and develop and maintain meaningful relationships. We use the model of attachment theory (Bowlby, 1969, 1988) to help explain developmental processes in the social and emotional domains. This theory proposes that early interactions with caregivers both promote survival and form the foundation for later, more complex representations of caregivers as available and responsive. While an in-depth review of infancy and early childhood is outside the scope of this chapter, it is necessary to explore some of the key socio-emotional developmental tasks that are relevant to understanding the potential impact of military life on young children.

Within the first months of life, the infant is not quite able to self-regulate sleep, feeding, distress, and arousal. He relies heavily on his primary caregiver(s) to read his “signals” and meet his emotional and physical needs, thus keeping the infant’s distress and discomfort within reasonable limits. Infants cannot self-regulate but do have some capacity for “co-regulation” (Fogel, 1993), which requires the support of a sensitive and responsive caregiver (Ainsworth & Bell, 1974; Sroufe, 2000). Between 0 and 2 months, the infant’s signals are more reflexive and it is entirely up to the caregiver to maintain smooth regulation. However, from about 2–3 months, the infant is able to sustain longer periods of attention and display social smiles and vocalizations, setting the stage for reciprocal exchanges between caregiver and infant in which a semblance of back and forth communication and shared emotions can take place (Fogel, 1993). During this period, the caregiver is responsible for adjusting his/her behavior to attune to the infant’s cues (e.g., widening eyes and smiling when the infant smiles). Between 3 and 6 months, caregiver–infant interactions become increasingly reciprocal because the infant is able to respond to social bids. From 6 to 9 months, the infant is actively participating in the regulation process. The infant develops more goal-directed, purposeful behavior with the intent of eliciting a particular response from the caregiver (e.g., calling a caregiver when scared); if the caregiver misreads the signal, the infant may adjust his behavior to

get the response he desires. These early reciprocal interactions typically occur within the context of the parent–infant relationship and within close family relationships, and promote the development of the infant–parent attachment relationship discussed next. Thus, there is a critical need to support stateside caregivers during this time so that they can be emotionally and physically available for their infants.

Between 7 and 18 months, the infant is able to discriminate between familiar and less familiar people and a special relationship between the infant and his primary caregiver forms based on the history of parent–infant interactions occurring up until this point. The infant will begin to show a specific preferential relationship with one caregiver or a small number of caregivers. In the presence of these caregivers, the infant shares positive emotions and experiences with them, and feels comfortable exploring his environment. When the infant is distressed, he seeks contact from these caregivers, and draws comfort and reassurance from them. In what is termed a “secure attachment,” the caregiver has a history of being consistently responsive to the young child, meeting both the child’s physical and emotional needs (Ainsworth & Bell, 1974). Likewise, the securely attached child is confident that when he signals a need, the need is met. Because of this responsive caregiving, the child learns that he is effective in his own regulation; this is important in developing a sense of self-confidence and self-worth and lays the foundation for later emerging self-regulation of emotion and arousal (Bretherton & Munholland, 1999; Schuder & Lyons-Ruth, 2004).

During the establishment of “focused attachment” (Emde & Buchsbaum, 1989), other key milestones occur. Between 7 and 18 months, the child develops anxiety around strangers and distress when physically separated from primary caregivers. He also begins to keep a person in mind, even when he or she is not present. This knowledge of “people permanence” and of the continuity of primary relationships in general continues to develop through 36 months. Between 7 and 9 months, advances in memory and cognition allow the infant to anticipate or expect certain social routines. Between 9 and 12 months, he also displays a beginning awareness for others’ point of view and can use others’ facial expressions to understand new situations. Thus, for military-related transitions, the child may begin to look toward the caregiver’s emotions in order to understand how to respond to change.

Between 18 and 36 months, the toddler has a stronger sense of his own autonomy; his goals and intentions may differ from those of his parents, contributing to increased tantrums. The toddler can tolerate a moderate amount of frustration, but he is still easily overwhelmed and requires a sensitive and responsive caregiver to help him practice self-regulation within a secure attachment relationship. Through “guided self-regulation” (Sroufe, 1996), the caregiver allows the toddler to master skills within his capacity but also anticipates circumstances beyond the child’s level and helps the toddler when he gets overwhelmed. Thus, for military toddlers coping with significant transition, caregivers play a large role in protecting them from stress while allowing them to master successes within their developmental capacity. As the toddler becomes more effective in regulating emotions and behavior, the caregiver’s role shifts to that of providing optimal contexts for mastery, setting limits for appropriate behavior, and monitoring the child’s regulation efforts. As will be

discussed in the next section, deployed parents may struggle with how to set appropriate limits and monitor their young children from afar.

The toddler has a growing capacity for *theory of mind*, or the ability to understand that the internal states of others may be different from his own (Wellman, Cross, & Watson, 2001). As theory of mind develops, the toddler has an increased ability to negotiate and coordinate his behavior in terms of the goals of another person. He may show more empathic responding to the distress of others (Spinrad & Stifter, 2006), particularly when he has had past experiences of empathic caregivers who have responded to his own distress. During this time, the emergence of self-awareness occurs, and with this awareness comes a range of “self-conscious emotions” such as pride, shame, empathy, and guilt (Lewis, 2008). Because of limited theory of mind abilities, coupled with the emergence of self-conscious emotions, it is possible that military children may feel at fault for situations that are unrelated to them (e.g., parental absence or injury) and this may lead to feelings of guilt or shame (Cozza & Feerick, 2011). Additionally, they may have difficulty showing empathy for—or understanding the perspective of—a caregiver who is in distress due to a military-related stressor.

Toddlerhood is also a period when the child’s social abilities are facilitated by his growing capacity for symbolic functioning, such as language. However, it is still difficult for the child to fully understand and verbally express his emotions, which becomes relevant when military-related situations necessitate difficult conversations about transition. Rather than using language to express their needs, young children may exhibit difficulties in other areas of functioning, such as disturbances in eating, sleeping, and coping with transitions in daily routines, particularly during times of stress (Pincus, House, Christensen, & Adler, 2005).

With increases in symbolic thought and memory, the toddler can remember past events and sequences. Repeating these sequences facilitates the formation of mental representations. These representations guide the toddler’s later behavior in new situations. Thus, it is possible for a toddler to remember activities done with a military parent, particularly when those activities are done repeatedly and consistently.

The child’s emerging social competence with adults, siblings, and peers is largely influenced by his early interactions with caregivers and attachment security. Between 18 and 36 months, the toddler shows an increasing interest in other children and begins to play alongside peers (i.e., parallel play) rather than alone. With increasing social and emotional capacities, the toddler is able to have meaningful interactions with siblings and peers in various settings. Throughout the preschool period and beyond, the long-term effects of a secure attachment relationship are apparent as the child navigates new relationships with adults and peers. The securely attached child can initiate new peer relationships and sustain interactions, even in the face of peer conflict. He tends to respond with positive emotion to peer initiations and have overall good social skills such as empathy (Hartup, 1992). The young child’s emerging self-regulatory skills and the ability to use play to initiate and maintain interactions enhance the preschooler’s ability to interact in socially competent ways (Denham et al., 2003; Eisenberg & Fabes, 1998). These children tend to be rewarded with popularity and acceptance while aggressive and disruptive children are at risk for peer rejection

(Hartup, 1992). For securely attached children, this can reinforce their belief that relationships are rewarding, a source of pleasure, and a resource for meeting one's physical and emotional needs. However, in order to obtain optimal social-emotional trajectories, children must be afforded consistent, sensitive, and responsive caregivers who can meet their rapidly changing developmental needs.

This section highlights key social and emotional developmental tasks throughout a typical child's first five years with implications for supporting children within the military context. Notably, young children develop within a caregiving relationship that is transactional in nature: both partners in the dyad continuously shape each other's social and emotional experience in a dynamic, continuous way (Sameroff, 1993). Not discussed but still important is that there are individual differences, not only in the developmental timing of these tasks but also in the quality of these capacities. Individual factors such as temperament and genes (and interactions within and among various factors) play a large role in the development of social and emotional skills. Additionally, environmental factors impact development such as parenting behavior and parents' own attachment history. In the next section, we discuss the limited research on young children within the post-9/11 military context.

## **Research on the Impact of Deployment on Children's Adjustment**

There has been a significant increase in OPTEMPO (rate of military operations) since the beginning of the current OIF and OEF conflicts. This change in OPTEMPO, exposure to more combat operations, and decreased predictability in changes imposed upon military families by the services have created conditions that are more challenging when compared to prior conflicts (U.S. Department of Defense, 2010, 2012). Recent research suggests that post-9/11 deployments may have a negative impact on young children's adjustment. This is a critical issue, not only for the well-being of families but also for the retention of service members who may hesitate to re-enlist if their young children are having behavioral problems (Barker & Berry, 2009). While many factors may contribute to young children's adjustment problems, we focus on the areas where qualitative and quantitative research has been conducted: parent's service-seeking behaviors, child's age, deployment characteristics, and parental stress, coping, and mental health.

### ***Health Care Utilization***

During deployments, many stateside caregivers seek more mental health services for their children. For example, comparing children with and without a deployed caregiver, Gorman, Eide, and Hisle-Gorman (2010) found that preschool children had an 11 % increased utilization of mental and behavioral health visits when a

parent was deployed. Notably, service utilization for *all other* healthcare visits decreased significantly during times of deployment. This same group of researchers later examined utilization of healthcare services for children with preexisting diagnoses of Attention Deficit/Hyperactivity Disorder (ADHD; Hisle-Gorman, Eide, Coll, & Gorman, 2014). They found that the youngest children showed increased ADHD symptoms, higher utilization of mental health services, and increased utilization of medications during the deployment period. This data highlights the importance for community mental health resources to be informed in how to best meet the needs of military families.

Less is known regarding what factors influence parent's service-seeking behaviors such as perceived versus actual increases in child behavior problems, access to support services, or parental stress. However, emerging evidence suggests that healthcare utilization rates may be influenced by family composition and the gender of the deployed parent. Hisle-Gorman et al. (2014) found that when the deployed service member was a married male, children were shown to have significantly more mental health visits than comparisons from single-parent homes or when the deployed service member was a married woman. Conversely, there were found to be reductions in medication utilization when mothers deployed versus fathers. These findings highlight the need to further examine the factors that may impact parent's service-seeking behaviors when it comes to their children's mental health (e.g., Levai, Ackerman, Kaplan, & Hammock, 1995).

### ***Child Adjustment as a Function of Age***

Some studies find that preschool-aged children are more vulnerable to the negative effects of deployment than infants. For example, Chartrand, Frank, White, and Shope (2008) found that compared to nondeployed peers, children aged 3–5 years of deployed parents showed more behavioral problems across home and school settings, even when parental stress and depression were controlled for, whereas children under 3 years of age functioned similarly to age-matched controls. Similarly, Barker and Berry (2009) found that for young children with a deployed parent, behavior problems tended to increase with age. More research is needed examining those factors which may buffer children at different developmental periods—from developing problems in the context of a parent's deployment.

### ***Child Adjustment Across the Deployment Cycle***

The behavior problems of young children may manifest at different periods of the deployment cycle (e.g., predeployment, deployment, and reintegration). Barker and Berry (2009) found that children ranging in age between birth and 47-months-old with a deployed parent displayed increased behavior problems (e.g., tantrums,

attention seeking, problems with sleeping and eating) from deployment to the reintegration phase compared to children without a recently deployed parent. Because this data relied on two time points, a more detailed description of how these behavior problems developed over time is unknown (e.g., gradually or more abruptly when the parent deployed). However, qualitative data of military parents with young children has helped researchers better understand how behavior problems may develop over time.

In their focus groups of military parents of preschool-aged children, Waliski, Bokony, and Kirchner (2012) were able to gain insights into the experiences of these parents throughout the deployment cycle. They found that predeployment was considered by the majority of families to be most difficult and overwhelming. These parents noted that knowing how to discuss and prepare their young children was especially challenging considering their children's cognitive capacity and the fact that these were often the first deployments for the family. Families also noted a difficult but seemingly essential need for the deploying parent to withdraw emotionally from the family as deployment approached. Similar to Barker and Berry's (2009) findings, stateside parents reported increased emotional and/or behavioral challenges in their children during the deployment phase compared to predeployment. Taken together, these data suggest that behavior and emotional problems in young children appear to increase across the deployment cycle. The deployed parent may be inclined to withdraw emotionally during this critical time, which may have implications for how the child's emerging social and emotional skills develop. Furthermore, we know little about how these child problems manifest and continue throughout the reintegration period and beyond. As will be discussed below, the well-being of the stateside caregiver plays a large role in supporting the young child throughout the deployment cycle.

### ***Parental Mental Health***

Much less studied, but equally relevant to the experience of young military children, is the role of the parents' mental health in child adjustment. In particular, parental depression, PTSD, and substance use problems have been associated with older military children's behavioral and emotional problems (e.g., Beardslee, Bemporad, Keller, & Klerman, 1983; Glenn et al., 2002). Stigma and other barriers may inhibit military service members' utilization of services to help with the identification and treatment of mental health problems; their mental health problems may go undetected for long periods (Hoge et al., 2004). Unfortunately, studies assessing the direct impact of service members' mental health on young children are extremely sparse and an area in need of future research (Cozza & Feerick, 2011; Osofsky & Chartrand, 2013). However, studies on civilian populations suggest that mental health problems can have deleterious effects on young children in multiple domains of development. For example, in the research on civilian children in infancy through preschool years, parental depression is consistently associated with increased

problems in behavior, social skills, emotional development, and cognitive capacity (Caplan et al., 1989; Carro, 1993; Cummings & Davies, 1994; Dave, Sherr, Senior, & Nazareth, 2008; Jacob & Johnson, 1997; Kurstjens & Wolke, 2001; Ramchandani et al., 2008; Wiffen & Gotlib, 1989). Future research is needed in examining the impact of service members' mental health on young children and those factors that may mediate or moderate this association.

Relatively more research has been conducted on stateside caregivers' mental health and child adjustment. During times of deployment, young children in military families rely heavily on their stateside caregivers for emotional and behavioral regulation. It has been posited that children may be buffered from experiencing the stress of a parent's deployment when they have a secure attachment relationship with a stateside caregiver who copes effectively (e.g., copes with stress and maintains good psychological adjustment) and maintains effective and stable positive parenting practices (Miller, Miller, & Bjorklund, 2010; Paris et al., 2008; Riggs & Riggs, 2011; Rosen, Teitelbaum, & Westhuis, 1993). Thus, stateside caregivers often carry the large responsibility of providing for their young children's emotional and behavioral needs, maintaining stable daily routines, and protecting their children from stress, all while negotiating their own deployment-related stress.

Qualitative data suggest that many stateside caregivers are aware of the connection between their mental health and their children's adjustment. Waliski et al. (2012) found that stateside mothers of preschoolers reported heightened levels of anxiety and depression during deployment, and felt that symptoms were most likely due to stressors they experienced such as isolation, loneliness, and the challenges of caring for young children who require much more attention than older age groups. Along these lines, home front parents were sensitive to the impact of their own distress on the family. Not only did stateside parents frequently report increased emotional and/or behavioral challenges in their children, they often attributed these changes to the child's reaction to their own distress rather than the loss of the service member parent. Barker and Berry (2009) also found a positive association between parental stress and young children's behavior problems.

An indication of the mental health problems and stress home front parents experience is child maltreatment rates, which have increased during recent deployments. In their analysis of civilian and Army abuse rates between 1990 and 2004, McCarroll, Fan, Newby, and Ursano (2008) discovered a substantial increase in child neglect rates during the combat deployments of the Gulf Wars. Cases of neglect particularly rose for children under 8 years, with most cases involving children 2 years or younger. Other researchers generally confirm these findings with wartime deployments post-9/11 (Gibbs, Martin, Kupper, & Johnson, 2007; Rentz et al., 2007). For example, Gibbs et al. (2007) found that the rate of neglect was nearly three times higher during deployments and that civilian mothers were the large majority of offenders during deployment. When examining healthcare utilization records of military dependents, one study found that young military children had higher all-cause hospital admissions, drowning/near drowning, and intracranial injury com-

pared to nonmilitary insured populations, and a trend toward higher suffocation and near-crushing incidents (Pressley, Dawson, & Carpenter, 2012). These findings further underscore the importance of identifying risk factors for maltreatment and of examining ways to best support home front caregivers in their parenting skills.

When the emotional climate of the home is undermined, such as instances of increased stress during war times, deployment, and relocation, once-supportive stateside caregivers may not be able to meet the developing emotional demands of their young child to promote optimal development. Other military-related stressors, such as frequent moves, may also disrupt access to stable resources available to parents, such as consistent support systems and educational opportunities. Parents of young children who do not feel supported, both socially and economically, during times of stress may have difficulty being emotionally available to support their young children. As discussed earlier regarding attachment and the development of emotional regulation capacities, the availability of a present and sensitive caregiver is essential for a young child's capacity to manage overwhelming stressors and to provide cognitive scaffolding to help make meaning of stressful events. Unfortunately, we know very little about how to best meet the mental health and parenting needs of home front caregivers when a spouse deploys. Waliski et al. (2012) found that despite support from Family Readiness Groups (FRG) and other military resources, stateside spouses of preschoolers often felt inundated with such resources and found them overwhelming and cumbersome to access when needed. While stateside caregivers noted that friends and child-care programs were very helpful, their experiences with extended family were mixed. While some stateside caregivers felt that they did not get enough help from family, others felt that they received too much unwelcome advice or "help." Thus, we are just in the beginning stages of understanding what parents of young children need to feel supported and how to effectively deliver these services when needed.

## **Parent–Child Difficulties During Deployment**

Military service often requires the service member to be absent for long stretches of time throughout their young child's development. Whether this separation is due to training, a lengthy hospital stay due to combat injury, or constitutes a deployment, it marks a period of time during which parents must prepare their child for the upcoming transition, negotiate the parent–child relationship during the absence, and reintegrate the service member back into the child's life and the family system as a whole. Data from qualitative and quantitative studies have indicated that service members struggle with (1) maintaining communication with their young children, (2) supporting the parent–child attachment relationship, and (3) using positive parenting practices throughout deployment and military-related separations. Understanding these concerns is critical to developing support systems for these families during times of parent–child separation.

## *Maintaining Communication*

Many military parents worry about how to maintain a relationship with their young child during separations. In their focus groups of 71 deployed fathers across 14 military installations, Willerton, Shwarz, Wadsworth, and Oglesby (2011) found that, of all ages, separation from young children was most difficult. These fathers demonstrated variability in their understanding of how their child's developmental level impacted their experience of deployment. Some believed infancy was the most sensitive time and made concerted efforts to play and stay involved with their infant as much as possible before and during deployment. For instance, they talked on the phone, listened to the baby's breathing/heartbeat while sleeping, and recorded first sounds. Fathers who did interact with their children chose physical contact as their primary strategy and reported that it was challenging to maintain a relationship when touch and horseplay were no longer possible. Other fathers believed that their young child would not remember their absence and actively refused to communicate with their infant while deployed (Willerton et al., 2011). Research is needed in examining how parent-child communication strategies during absences impact the child's development, the parent-child relationship, and the family system as a whole.

Levels of anticipated danger have been found to influence parents' relationship with their children. Fathers who expected dangerous deployments reported being more detached and avoidant of communication with their families and children (Willerton et al., 2011). In a sample of service member fathers receiving treatment for minor deployment-related injuries at Walter Reed Army Medical Center, MacDermid et al. (2005) found that fathers would avoid or minimize contact with the home front while deployed. These men reported that the emotions and thoughts stirred up during family conversations would impair their capacity to focus while on dangerous missions. Not wanting to risk the lives of their unit, not to mention themselves, these fathers felt the need to create the distance necessary to maintain operational readiness. Similarly, many dads reported reducing communication as reunion approached, often citing the last weeks of deployment being when most casualties happened and not wanting to tempt fate (Willerton et al., 2011).

Young children's cognitive capacities also play a role in parent's motivation and ability to stay connected during absences. Waliski et al.'s (2012) examination of parents of preschoolers found that fathers struggled most with their children's cognitive abilities. These dads reported being frustrated by being asked if they would "be home tonight" while deployed thousands of miles away and were asked to answer the same questions over and over. The transient nature of their preschooler's memory elicited anguish in many fathers over missing developmental milestones and fears that the relationship would be forgotten despite predeployment efforts such as extra one-on-one time and play. MacDermid et al. (2005) found that fathers expressed frustration with their children's questions as well, but for other reasons. These fathers struggled with having to withhold details due to safety and security issues. Not being able to answer simple questions that would reassure or comfort their children, due to the possibility such information would put them or others in harm's way, was particularly trying for deployed fathers.

## *The Attachment Relationship*

Young children can experience many intense emotions when their attachment relationships are disrupted by frequent or extended amounts of time away from a primary attachment figure, such as in instances of deployment, lengthy hospital stays, or out-of-area trainings, and they can experience attachment challenges again when that parent returns. Many military parents are concerned with how their absence will impact the child's attachment relationship with the service member parent. Willerton et al. (2011) found that several fathers were most concerned about reintegration and how their young child would react upon their return. Many fathers reported their child showed difficult attachment behaviors upon their return home, including fearfulness and need for constant contact. Barker and Berry (2009) found that children between birth and 47-months-old with a deployed parent displayed increased attachment-related behavior problems (e.g., clinginess, does not allow returning parent to comfort him/her) during the reintegration phase compared to children whose parent had not recently deployed. Furthermore, frequency and length of deployment were related to more attachment-related behavior problems (Barker & Berry, 2009). These challenging attachment-related behaviors and emotions may be difficult for reintegrating parents to cope with (Waliski et al., 2012), as evidenced by the positive association between attachment-related behavior problems and deployed parents' self-reported stress levels during the reintegration period (Barker & Berry, 2009).

Overall, how parents of young children form and maintain attachment relationships throughout the deployment cycle is not very well understood but the field is beginning to understand more about parent's attachment-related concerns and about children's attachment-related problems during parental absences. The developmental course of these attachment-related problems (e.g., length and severity) after a deployed parent has returned is unknown, nor do we know what factors may influence this course. Furthermore, because no research has been conducted investigating the quality of the parent-child attachment relationship (with all primary attachment figures), it is less understood how these relationships may change across the deployment cycle and across developmental periods. Additionally, it will be important to better understand how deployed parent involvement (e.g., Skype calls) during the absence may impact the quality of the attachment relationship and how the stateside caregiver can best support this relationship during each phase of the absence.

## *Parenting Practices*

Service members often are concerned with how military-related absences will impact their parenting practices. On the one hand, many parents have a desire to learn better parenting skills and want to learn ways to support their children's emotions and regulate their own anger and stress (Walsh et al., 2014). Conversely, many

parents may shy away from setting limits with children and disciplining them from afar, leading to feelings of powerlessness in their ability to coparent. Parents may also hesitate to set limits with children during the reintegration period so as to avoid damaging newly rekindled relationships with their families (MacDermid et al., 2005; Willerton et al., 2011). However, these strategies may backfire and instead result in difficult coparenting communication during deployment and prolonged difficulties reconnecting during reintegration.

## Conclusion

In this chapter, we aimed to provide a review of the impact of military life on young children in the context of development and parenting. What we know with the limited amount of data available on these families is that the functioning and resilience of children are intrinsically intertwined with the well-being of their parents. The period of early childhood is marked by parents' role in developing secure parent-child attachment, nurturing children's social and emotional development and cognitive capacities, and providing necessary routine and structure to the child's daily activities.

The running theme across this chapter is that when military parents have sufficient support, their families do quite well. However, when these parents' emotional, physical, and social resources become exhausted, their children appear to be at higher risk for maladjustment. While this relationship could be used to describe parent-child relations across any age group, the impact of parental well-being on young children in military families appears especially strong. Future research must seek to elucidate what micro- and macrosystemic factors contribute to caregiver resilience in the face of military stressors. For example, future research evaluating currently existing programs such as New Parent Support (part of the Family Advocacy Program) and FRG is highly recommended to elucidate what methods are helpful for new parents and those deploying with young children. While the impact of service member pathology on older children (Rosenheck & Nathan, 1985; Rosenheck & Thomson, 1986) and families (Davidson & Mellor, 2001; Solomon, 1988; Solomon et al., 1992) has been studied in earlier wars (e.g., Vietnam), research on impacts of service member psychopathology on younger children remains to be done.

While there is growing evidence that young children in contemporary military families may struggle during and shortly after deployments, we have no indication if these changes are transient or predictive of longer-term difficulties. Longitudinal studies are needed to track families over time and elucidate the processes by which young children and their families are impacted by military-related stressors. It is striking that no studies of young children have utilized observational methods to assess the parent-child relationship, attachment security, or development. It is essential that future research includes such data gathering methods to make their findings more robust and provide more useful guidance to clinicians (e.g., Dickson

& Kronenberg, 2011). Such observations would be deeply informative in understanding the nature of the relationships between military parents and their children as well as developing preventative and intervention strategies to support our military families.

Research into strategies to maintain the parent–child bond during deployment is required to elucidate how parents can best support their children during this difficult time. For example, parents are often given guidance on ways to remain connected with their children and remain in their child’s mind despite distance and time, such as using voice and video recordings with the child, or exposing the child to articles of the deployed parent’s clothing or personal items (e.g., mommy/daddy dolls). Although parents’ anecdotal reports claim that these strategies can be useful, we have no empirical data evaluating the benefits of such recommendations.

Regarding reintegration, military parents need support and resources to understand the behavior of young children in the context of age-typical responses to separation and reunion. Service member fathers may need assistance developing positive parenting skills to support them after sometimes long absences due to deployment. Both parents may benefit from guidance related to renegotiating their coparenting alliance to help provide a map for navigating the “new” family.

Because of the somewhat higher pediatric service-seeking behavior of parents during deployment, primary-care health providers should be trained to spot psychological struggles in caregivers, inquire about deployment, and make adult and or pediatric referrals as appropriate. Due to the higher incidence of injury and hospitalization of young military children, implementation and evaluation of evidence-based injury prevention programs among military communities are recommended (e.g., Pressley et al., 2005).

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