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# Journal of Military and Government Counseling

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Military and Government Counseling Association  
A Division of the American Counseling Association

## **Letter from the Editors**

The *Journal of Military and Government Counseling* (JMGC) is an official publication of the Military and Government Counseling Association (MGCA), a division of the American Counseling Association. The mission of the journal is to promote reflection and to encourage, develop, facilitate, and promote professional development for administrators, counselors, and educators working with all members of the Armed Services and their families, whether active duty, guard, reserve, retired, or veteran; civilian employees of the Department of Defense; first responders including EMS, law enforcement, fire, and emergency dispatch personnel; and employees of Local, State and Federal governmental agencies.

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Welcome to the Journal of Military and Government Counseling

To better serve the needs, issues, environments, and cultures of military and first responder populations, their families, and their communities, we are compiling a special issue of the JMGC that will focus on the needs of First Responders (defined as personnel in all areas of emergency medical, law enforcement, and fire services; including emergency dispatch personnel, community safety officers, trained emergency personnel, and those involved in disaster response).

Therefore, we are inviting manuscript submissions that focus on these populations, their families, and their professional communities. If you have experience with these populations, consider submitting a manuscript to share your expertise on a population that is underrepresented in the literature and clinical practices.

The procedure for submitting articles is available at JMGC Guidelines for Authors (<https://trojan.troy.edu/education/counseling-rehabilitation-interpreter-training/jmgc/index.html>) and the contact email is JMGCEditor@troy.edu.

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**March, 2020**

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# **Impact of Length of Stay on Outcomes in a VA Residential Treatment Program**

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The impact of using the Integrated Treatment Model was examined at a Midwest Veterans Affairs (VA) Mental Health Residential Rehabilitation Treatment Program (MH RRTP). The study focused on identifying potential differences in outcomes for depression, anxiety, and protective factors (based on length of stay) among 1,136 veterans who completed the program between 2016 and 2017. Outcome measures taken at pre- and post-treatment using Beck Depression Inventory-II (BDI-II), Beck Anxiety Inventory (BAI), and Brief Addiction Monitor (BAM), were analyzed by using three one-within/one-between (mixed-model) Analysis of Variance (ANOVA) tests. Significant interaction effects were noted for depression, anxiety, and protective factors. Significant main effects for within-subjects' factors were consistently noted for all categories, indicating a reduction in depression and anxiety symptoms, while increasing protective factors for the veterans in this study.

*Keywords:* veterans, substance abuse, mental health, depression, anxiety, co-occurring disorders, residential treatment, integrated dual diagnosis treatment, motivational interviewing, cognitive behavioral therapy, and integrated treatment model

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The rate of substance disorders among veterans has been steadily increasing over the past decade, with an estimate of at least 11% receiving care at the Department of Veterans Affairs (VA) for a diagnosis of a substance use disorder (Teeters et al., 2017). Additionally, veterans aged 18-25 report a higher rate as compared to their civilian counterparts. Many individuals with substance use disorders have a co-occurring mental health disorder (COD). For the veteran population, the most common tend to be posttraumatic stress disorder (PTSD) (Coker et al., 2016), and major depressive disorder (Yoon et al., 2015; Zisook et al., 2016), but additional diagnoses include schizophrenia, obsessive-compulsive disorder, social phobia, panic disorder, and generalized anxiety disorder (Bonn-Miller et al., 2012). In treating these concerns veterans may use outpatient services, such as groups or individual therapy, or residential programs, which tend to be more intense and offer a variety of group session topics.

### **Literature Review**

There is a limited amount of literature regarding residential VA treatment programs for co-occurring disorders (Vest et al., 2014) and even less research that focuses on differences in outcomes for length of stay in VA residential programs. However, one study that did investigate length of stay outcomes was completed by conducting a meta-analysis of 28 programs in the VA system with 1,307 participants (Harris et al., 2011). The lengths of stay were divided into 15-30, 31-45, 46-60, 61-90, and more than 90 days. The results indicated that programs with participants who stayed more than 90 days demonstrated the least improvement in the Addiction Severity Index measure (Harris et al., 2011). However, there

were key differences when compared to the current study. First, the researchers only analyzed substance abuse programs in the VA (Substance Abuse Residential Rehabilitation Programs or SAR RTPs) rather than co-occurring disorder (COD) programs (Harris et al., 2011); nor did they discuss the types of treatment interventions that were provided among the various programs. Second, the researchers (Harris et al., 2011) included inpatient programs as well, as opposed to the current study which focused solely on a residential treatment facility treating co-occurring disorders and analyzed both mental health as well as substance use disorders. These differences are crucial to note if current MH RTPs are basing their length of stay options on these results.

In contrast, a study that focused on length of stay for PTSD-specific treatment indicated a relationship between a longer length of stay and lowered PTSD symptoms as indicated on the Posttraumatic Stress Disorder Checklist-Specific (PCL-S) (Banducci et al., 2018). Lengths of stay varied from 30 to 65 days with 47 days being the average among PTSD VA residential treatment programs. It was observed that veterans who participated in longer residential programs experienced greater decreases on the PCL-S, which measures severity of PTSD symptoms, while they also seemed to be less reliant on follow-up outpatient care. These results indicate that veterans were able to cope more effectively and independently following the PTSD residential program. However, the researchers concentrated specifically on PTSD symptoms, rather than a full range of co-occurring disorders, such as those found in MH RTP.

Finally, a large-scale record review of 12,270 veterans who participated in intensive PTSD and co-occurring substance abuse programs throughout the VA Healthcare System from 1993-2011 was also completed (Coker et al., 2016). The researchers measured outcomes from admission to four months after discharge that focused on continued abstinence and decreased PTSD symptoms, such as irritability, hyperarousal, emotional numbness, flashbacks, and intrusive thoughts (Coker et al., 2016). The authors reviewed outcomes from different types of programs, including short-term acute settings (less than 14 days), specialized inpatient PTSD programs (28-90 days), PTSD residential programs, and day hospital programs (Coker et al., 2016). The outcomes of this study demonstrated



greater efficacy among the longer length of stay programs, but the researchers noted that the improvement may be due to the intensity of the programs rather than the length of stay.

### **The Mental Health Residential Rehabilitation Treatment Program**

The focus of this study, a Midwest VA Mental Health Residential Rehabilitation Treatment Program (MH RRTP), is a 148-bed residential facility in the Veterans Affairs Healthcare System that specializes in treating veterans with substance abuse issues, mental health issues, or co-occurring disorders (CODs). At the time of this study, 132 beds were devoted to the COD track and 16 beds were reserved for a PTSD track (the two tracks are now merged). The MH RRTP treats many mental health problems, including bipolar disorder, anxiety disorders, PTSD, and depressive disorders, in addition to substance use disorders, in primarily a group therapy format. Veterans work in consultation with their assigned primary case manager to determine their length of stay in the program during the initial treatment-planning meeting. Stays are typically 27-60 days depending on the veterans' preference, problems and symptoms, housing status, and obligations outside of treatment. The service delivery model for this program aligns with the Integrated Treatment Model, which is a recovery-oriented approach that has been identified as a best practice for COD treatment (Priester et al., 2016) and includes use of Cognitive Behavioral Therapy (CBT), stages of change / motivational interviewing, peer support, and a focus on self-determination and recovery.

While two core groups, stages of change/motivational interviewing (SCMI) as well as cognitive behavioral therapy (CBT), are mandatory, there are many other elective groups (1-2 weeks in duration) from which veterans may choose for their treatment plan. These include a focus on relapse prevention, mindfulness, acceptance and commitment therapy (ACT), PTSD symptom management, cognitive-processing therapy for PTSD, stress management, inner conflict, coping with guilt and shame, nutrition and cooking, chronic pain, sleep issues, and recreational therapy. Veterans also have access to peer support specialists via individual and group formats and attend a choice of SMART recovery (Self-Management and Recovery Training), Alcoholics Anonymous (AA), Narcotics

Anonymous (NA), or Emotions Anonymous (EA) and are also encouraged to utilize a fitness center, bowling alley, and therapeutic pool onsite, pending medical provider approval.

Medication management is provided on site and there is a 24/7 staff presence that includes Licensed Practical Nursing staff and Social Service Assistants. The veterans in MH RRTP are assigned to teams based on the quadrant model (McDonnell et al., 2012), which is based on the severity of their substance and mental health concerns.

### **Method**

This study was approved as a Quality Assurance investigation by the Minneapolis VA Internal Review Board (IRB) and was completed in partial fulfillment of a doctoral dissertation. Comparisons in pre- and post-treatment outcomes, using secondary data from the Beck Depression Inventory-II (BDI-II), Beck Anxiety Inventory (BAI), and Brief Addiction Monitor (BAM), protective factors measures, were made for veterans who participated in a brief treatment episode of care (33 days or less), a moderate time frame (34-46 days), or a longer program (47 or more days).

### **Research Questions**

The first research question asked if there were differences in veterans' outcomes for overall depression symptoms from pre- and post-treatment based on length of stay (33 or fewer days, 34-46 days, and 47 or more days) in MH RRTP. The second research question asked if there were differences in veterans' outcomes for overall anxiety symptoms from pre- and post-treatment based on length of stay (33 or fewer days, 34-46 days, and 47 or more days) in MH RRTP, and the third question considered if there were differences in veterans' protective factors scores from pre- and post-treatment based on veterans' length of stay.

### **Participants**

The participants of this study were 1,136 U. S. military veterans who participated in the MH RRTP facility. Based on 2016 demographic data collected by MH RRTP staff, the veterans were primarily Caucasian

(80%), followed by African American (9%), and Native American (5%). Other ethnicities (less than 1% for each) represented among participants included Hispanic, Pacific Islander, and Asian. Approximately 4.5% of the veterans did not answer questions about race/ethnicity. Participant ages varied but tended to range from 21-72 years, with occasional veterans in their mid to late 70s participating, and rarely, those in their 80s or 90s. Most of the veterans participating in MH RRTP were male, with only 6% of participants in 2016-2017 identifying as female. Veterans participating in this study had mental health and/or substance use disorder diagnoses and had sought treatment for these disorders on a voluntary basis. Diagnoses treated in MH RRTP include major depressive disorders, PTSD, anxiety disorders, bipolar disorder, schizophrenia or other psychosis, personality disorders, and substance use disorders. Based on 2016 demographic data collected by the MH RRTP staff, figure 1 displays the percentages of diagnostic categories among the veterans in MH RRTP.

The average number of veterans who participate each year in MH RRTP is approximately 1,100-1,300 with a total of 2,631 individuals participating in 2016 and 2017. However, after implementing several exclusion criteria, the overall usable sample size decreased to 1,136 total participants. Exclusion criteria applied to participants who received an irregular discharge from the program (resulting in noncompletion of initially established days in treatment), those who directly transitioned from the COD to the PTSD track (substantially increasing length of stay by 49 days), and those who did not complete both a pre- and post-test for at least one of the measurements.

## **Instrumentation**

The Beck Depression Inventory-II (BDI-II) (Subica et al., 2014) is a 21-item self-report measurement tool that specifically addresses depressive symptoms. Questions on the BDI-II focus on areas such as difficulty with sleep, suicidal thoughts, feelings of worthlessness and guilt, loss of pleasure, agitation, fatigue, loss of appetite, and concentration problems (Subica et al., 2014). Scores range from 0 to 63 with 0 to 13 representing minimal symptoms. The mild range is 14 to 19, moderate is 20 to 28, and over 28 is the severe category (Subica et al., 2014). The instrument takes

approximately 10 minutes to complete and requires a fifth- to sixth-grade reading level. The internal consistency for this instrument ranges from .73 to .92 (Beck et al., 1988) and has strong support as a screening instrument for overall depressive symptoms (Subica et al., 2014).

The Beck Anxiety Inventory (BAI) is a 21-item self-report measurement that focuses on various symptoms of anxiety, including loss of interest and enjoyment, feeling tense, panic, restlessness, and overall worrying thoughts (Bardhoshi et al., 2016). The BAI has a potential score of 0 to 63, with minimal symptoms in the 0 to 9 range, mild to moderate symptoms in the 10 to 18 range, moderate to severe in the 19 to 29 range, and severe symptoms in the 30 to 63 range. An extensive meta-analysis reviewing 192 studies from 1993 to 2013 concluded that the BAI has strong internal consistency, test/retest reliability, and structural validity (Bardhoshi et al., 2016).

The Brief Addiction Monitor-Intensive Outpatient (BAM-IOP), is a 17-item self-report measure developed by researchers affiliated with the Center of Excellence in Substance Abuse Treatment and Education (CESATE) and the VA (Cacciola et al., 2013). The BAM provides information regarding perceptions of physical health, use of substances, cravings, confidence level for not using substances, impact of religion or spirituality on recovery, and overall satisfaction in progress toward recovery goals (Cacciola et al., 2013) over the past 7 days. The developers (DePhilippis & McKay, n.d.) recommended comparing the protective factors scores (items 9, 10, 12, 13, 14, 16) at the start and end of treatment as this provides an overview of participants' perceptions of their recovery and ability to maintain recovery-oriented activities and attitudes, with the goal being that the score increases by the end of treatment. A high score indicates greater protective factors, with the range of 0 to 24. The protective factors questions include information about attendance of self-help meetings, confidence in not using alcohol or drugs over the next 7 days, religion or spirituality supporting recovery, time spent at work, school, or volunteering, whether enough legally gained income is available, and if supportive friends or family had been contacted within the past 7 days.

## **Measures**

The secondary data were divided and coded into three length of stay groups. Analysis of variance (ANOVA) tests were conducted to compare pre- and post-test means within the length of stay groups for the BDI-II, BAI, and BAM protective factors. Random assignment was not feasible for this study, as all veterans who were accepted into MH RRTP were treated in the program, as opposed to some individuals being assigned to other treatment protocols such as outpatient programs.

## **Data Analysis**

IBM Statistical Package for the Social Sciences (IBM/SPSS version 21.0, IBM/SPSS, Chicago, Illinois, 2012) was used to analyze all data in this study. The scores of all irregular discharges were excluded in addition to those who did not complete at least one measure (for both pretreatment and discharge). This left a total of 1,136 usable cases from the original 2,631 cases. This number exceeded the established minimum sample size necessary. Prior to conducting the analyses to address the research questions, descriptive statistics, including means and standard deviations, were calculated for BDI-II, BAI, and BAM (protective factors) scores from beginning to end of treatment. The most frequently observed category for the number of days in programming was 34-46 days ( $n = 433$ , 38%), followed by the shortest stay of 33 days or fewer ( $n = 352$ , 31%) and the longest stay of 47 or more days ( $n = 351$ , 30.9%).

The average depression score (BDI-II) at admission was 23.58 ( $SD = 13.30$ ) and at discharge was 12.62 ( $SD = 11.72$ ). The average anxiety score (BAI) at admission was 16.21 ( $SD = 11.90$ ) and at discharge was 10.45 ( $SD = 10.21$ ). The average protective factors (-BAM) score at admission was 11.98 ( $SD = 4.08$ ) and at discharge was 13.18 ( $SD = 4.16$ ). Skewness and kurtosis were also calculated, and it was noted that none of the skewness and kurtosis values exceeded the critical values. For each research question, a mixed-model analysis of variance (ANOVA) with one within-subjects' factor and one between-subjects' factor was conducted. Prior to each analysis, the assumptions of univariate normality and homoscedasticity were assessed and determined to be met.

## **Depression Scores and Length of Stay**

A mixed model analysis of variance (ANOVA) was conducted to determine whether significant differences existed in pretreatment depression scores and discharge depression scores using the BDI-II. Two outliers were found and removed from the analysis. The main effect for length of stay was significant  $F(2, 1013) = 14.61, p < .001$ , demonstrating significant differences between the levels of length of stay in addition to a significant main effect for the within-subjects' factor  $F(1, 1013) = 908.67, p < .001$ , indicating differences in depression scores from admission to discharge by length of stay categories. Additionally, the interaction effect between the within-subjects' factor and length of stay was significant  $F(2, 1013) = 20.27, p < .001$ . Post-hoc Tukey comparisons were conducted for each combination of between-subject and within-subject effects. For all length of stay groups, the admission scores were significantly larger at admission than at discharge on the BDI-II, with the first group (shortest length of stay),  $t = 12.06, p < .001$ , the second group (moderate length of stay),  $t = 19.68, p < .001$  and the longest length of stay,  $t = 20.7, p < .001$ . Due to a significant interaction effect, the null hypothesis was rejected for Research Question 1. Figure 2 displays the depression admission and discharge score means by length of stay.

## **Anxiety and Length of Stay**

A mixed model analysis of variance (ANOVA) with one within-subjects' factor and one between-subjects' factor was conducted to determine whether significant differences exist in admission and discharge anxiety scores on the BAI between the levels of length of stay. Eight outliers were found and removed. Significant main effects were revealed for length of stay  $F(2, 1015) = 12.26, p < .001$ , and for within-subject factors  $F(1, 1015) = 357.12, p < .001$ , indicating there were significant differences between the values of admission anxiety scores and discharge anxiety scores. Additionally, the interaction effect between the within-subjects' factor and length of stay was significant  $F(2, 1015) = 3.38, p = .035$ , which resulted in the null hypothesis being rejected for Research Question 2. To determine between-subject effects, Tukey comparisons were

conducted for each repeated measurement using length of stay as the independent variable to examine the between-subjects' effects. For the shortest length of stay (group 1), admission anxiety outcomes were significantly greater than discharge anxiety outcomes  $t = 9.01, p < .001$ . The moderate length of stay (group 2) outcomes indicated admission scores were significantly higher than discharge outcomes  $t = 11.28, p < .001$  as were the outcomes for the longest length of stay (group 3),  $t = 12.49, p < .001$ . Figure 3 displays the admission and discharge anxiety score means by length of stay.

### **Protective Factors and Length of Stay**

A mixed model analysis of variance (ANOVA) with one within-subjects' factor and one between-subjects' factor was conducted to determine potential significant differences in admission protective factors scores and discharge protective factors scores between the levels of lengths of stay. Three outliers were detected and removed. The overall mean for admission protective factors (11.98) was significantly smaller than the overall mean (13.28) for discharge protective factors  $t = -8.74, p < .001$ . The main effect for length of stay was significant  $F(2, 899) = 7.28, p < .001$ , indicating there were significant differences among the values of length of stay. The main effect for the within-subjects' factor was significant  $F(1, 899) = 77.93, p < .001$ , indicating there were significant differences between the values of admission protective factors scores and discharge protective factors scores. Additionally, the interaction effect for the within-subjects' factor and length of stay was significant  $F(2, 899) = 3.10, p = .045$ , indicating differences among the values of admission protective factors scores, discharge protective factors scores, and levels of length of stay. Paired  $t$ -tests were conducted between each repeated measurement and within each category of length of stay to examine the within-subjects' effects. Overall admission protective factors scores were significantly smaller than discharge protective factors scores,  $t = -8.74, p < .001$ . For the specific lengths of stay results, Group 1 (shortest length of stay) admission protective factors scores were significantly smaller than discharge protective factors scores,  $t = -3.27, p < .001$ . For the moderate length of stay (Group 2), admission scores were also significantly smaller

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than discharge scores,  $t = -5.64, p < .001$  and for the longest length of stay (Group 3), admission scores were significantly smaller than discharge scores,  $t = -6.29, p < .001$ . Tukey comparisons were conducted for each repeated measurement using length of stay as the independent variable to examine the between-subjects' effects. For the admission protective factors scores, the mean for Group 2 was significantly smaller than Group 1,  $p = .028$  and the mean of the admission protective factors scores for Group 3 was significantly smaller than group 1,  $p < .001$ . As there was an interaction effect noted ( $p = .045$ ), the null hypothesis for research question 3 was rejected. Figure 4 displays the admission and discharge protective factor means by length of stay.

## **Results**

In all three outcomes, there were significant differences from start to completion of MH RRTP participation. For the depression outcomes, main effects and interaction effects were both significant, indicating that overall veterans' depression scores decreased significantly in all length of stay categories. Specifically, the shortest length of stay BDI-II mean scores decreased from 19.82 at admission to 12.21 at discharge, the moderate length of stay decreased from 23.62 to 11.95 on mean scores, and the longest length of stay decreased from 27.34 to 13.84. These results indicate overall improvements for veterans who reported depression symptoms prior to entering MH RRTP. Similarly, for anxiety outcomes, the shortest length of stay BAI mean scores decreased from 13.93 to 9.16, the moderate length of stay decreased from 16.05 to 10.36 on mean scores, and the longest length of stay decreased from 18.73 to 11.86. This would indicate that participation in MH RRTP assisted veterans in decreasing overall anxiety symptoms and improving coping mechanisms. These results also indicate a noteworthy trend that for both anxiety and depression measures, participants who chose a longer length of stay, tended to score highest, while those who chose a shorter length of stay were in the lower range of admission depression and anxiety outcomes. Concurrently, those in the moderate length of stay were in the middle for means scores of depression and anxiety. Additionally, it appeared that veterans who reported more significant symptoms chose the longer length of stay compared to those that



were in a more moderate or even mild range of scores. As veterans make the decision at the start of their treatment regarding their length of stay, these results may demonstrate the importance of veterans being actively involved in their overall care and treatment planning, while trusting their own insight into their specific needs. In fact, involvement in their own care is a significant component for veterans who elect to participate in MH RRTP. As such, entry into the MH RRTP is primarily based on the veteran's request and approval for appropriateness following the initial screening, though at times the help of a social worker or other mental health professional may be involved. Other requirements also must be met for admission such as the veteran must meet physical mobility demands due to the fact that the program is spread out over a wide area of the facility and the individual must be capable of conducting him/herself in an orderly fashion during the program in order to take part. The veteran may also change his/her mind and opt to take part in outpatient programming rather than the MH RRTP program at any time.

Finally, for the protective factors' outcomes based on the BAM, the goal is to increase the outcomes as these will assist the participant in maintaining a recovery-oriented lifestyle. For these measures, the main effect for the within-subjects factor was significant, indicating that there were substantial differences between the values of admission protective factors scores and discharge protective factors scores. For all length of stay groups, the admission protective scores were significantly smaller than the discharge protective factors, indicating that veterans in the residential program benefitted by increasing their protective strategies to maintain sobriety and a recovery-oriented outlook. Group 1 (shortest length of stay) increased from 12.81 to 13.55, Group 2 (moderate length of stay) from 11.86 to 13.19 and Group 3 (longest length of stay) also increased from 11.23 to 12.75. After post-hoc tests were completed for between-subjects' effects, it was observed that the admission scores mean for moderate length of stay was significantly smaller (11.86) than for the shortest length of stay (12.81), while the protective factors mean for the longest length of stay was significantly smaller (11.23) than for the shortest length of stay. Future research should consider if outpatient activities build protective factors and resilience and how those relate to these current protective factors. It was

noted that those in the shortest length of stay reported a higher level of admission protective factors than those in the longer length of stay, and again participants in the moderate timeframe were in the middle. This indicated that the shorter length of stay participants identified more protective factors for mental health and substance use issues upon admission than those who chose moderate and longer lengths of stay.

In comparing previous studies, Coker et al. (2016) completed a large-scale record review of 12,270 veterans who had participated in intensive PTSD and co-occurring substance abuse programs throughout the VA Healthcare System from 1993-2011. The outcomes of this study demonstrated greater efficacy among the longer length of stay programs, but the researchers noted that the improvement may be due to the intensity of the programs rather than the length of stay. This has some similarities to the MH RRTP study, as veterans can choose to have an intense treatment experience by being involved in numerous elective groups in addition to the core required CBT and SCMI groups, or they can attend the minimum requirements. This study also provided evidence that the act of completing treatment by staying until a predetermined completion date may, in itself, impact symptom reduction. When a participant completes a goal, such as finishing a treatment episode of care, self-esteem and confidence can certainly improve, which would be reflected in the self-report measures.

Harris et al. (2011) indicated that participants who stayed more than 90 days demonstrated the least improvement in the Addiction Severity Index measure. In that meta-analysis, the length of stay categories were divided into 15-30, 31-45, 46-60, 61-90, and more than 90 days. However, the current study for the MH RRTP did not include such long lengths of stay. The MH RRTP data actually indicated that the longer length of stay for participants was typically 55-60 days, with one noted outlier of 78 days, an uncommon occurrence in this program. Overall, the MH RRTP study did not necessarily demonstrate that a shorter length of stay is more effective than longer programming and vice versa, but it did indicate that there were similar trends in the amount of improvements from admission to discharge, in all categories.

## **Limitations**

There were general limitations to external validity in this study. These primarily included lack of generalizability to the larger population. The results of this study only apply to veterans with co-occurring disorders who participate in residential treatment within the VA system. Because this study used a descriptive quantitative retrospective design, a true cause and effect could not be established, as it was not possible to manipulate the variables in this study or use a control group. While the study does not allow for overall generalizability to the entire population, it can provide key information about the program's effectiveness for the participating veterans. A key limitation of this exploratory study relates to its lack of examination of long-term treatment outcomes of MH RRTP, as it instead focused specifically on treatment impact at program completion. It is widely understood and accepted that relapse is part of recovery (Decker et al., 2017) and MH RRTP participants are not immune to this phenomenon. Unfortunately, there are veterans who tend to cycle through the program, doing well while there but then relapsing shortly after completion. However, there are also those individuals who have reported long-term maintenance with both their substance abuse and mental health disorders. It may be beneficial to explore differences in types of aftercare involvement among individuals who maintain long-term sobriety versus those who do not. Additionally, the unacceptable reliability score of the discharge BAM was a limitation to this study. Finally, the potential of depression symptoms decreasing due to duration of sustained abstinence during residential treatment as evidenced in a meta-analysis of 22 studies from 1980 to 2014 (Foulds et al., 2015) should also be considered a limitation.

## **Conclusions and Recommendations**

The implications of this study demonstrate overall that the residential treatment program at a Midwest VA facility, and utilization of the integrated treatment model which offers an individualized and strengths-based approach, is effective for the treatment of co-occurring disorders among the veteran population. Additionally, the results from the current study support evidence for the use of CBT and MI, key components

of the integrated treatment model, as core interventions in a residential program to reduce depression and anxiety symptoms. Overall, regardless of how long veterans participated in the program, there was a consistent symptom reduction for anxiety and depression and an overall increase in protective factors.

It is recommended that future studies investigate long-term sobriety and recovery following MH RRTP completion via a longitudinal approach, to determine if and where there may be a lack of continuity in maintaining use of coping mechanisms. While the importance of aftercare is undoubtedly stressed by the staff of MH RRTP, sometimes veterans do not follow the recommendations. The structure that they received while in residential programming can be challenging to maintain after discharge, which may lead to difficulty maintaining sobriety on a long-term basis. Further research should explore the cost effectiveness for recidivism and its effects on an aftercare and outpatient program. It would also be beneficial to complete a study looking at potential differences between graduating MH RRTP veterans who participate in an outpatient program through the VA or in the community following MH RRTP and veterans who do not attend the outpatient program.

There are numerous other potential studies that could be pursued for MH RRTP, including an investigation of outcomes based on the intensity of the program rather than the length of stay by identifying the number and types of groups attended, whether individual therapy was included with the traditional group therapies offered, and involvement in other therapeutic activities, such as yoga or tai chi. Another possibility is examining differences in outcomes for males versus females, particularly as the number of female veterans continues to grow. Historically, the VA has been focused more on male veterans, but over the past two decades, there have been gradual changes made to address female veterans, including changes in MH RRTP. Additional potential studies might also examine differences in outcomes for those who attend specific elective groups. While examining the elective groups outcomes is done on an informal basis within MH RRTP, it may be useful to do this on a more formal level as the information could be beneficial for other residential treatment programs in the VA system. Finally, based on previous written information noted on the

perceptions of care form (a questionnaire that veterans anonymously complete upon discharge) and in discussions with MH RRTP participants, it may be worthwhile to pursue a qualitative study by using veteran interviews to discuss their specific perceptions on whether or not the program was helpful for them.

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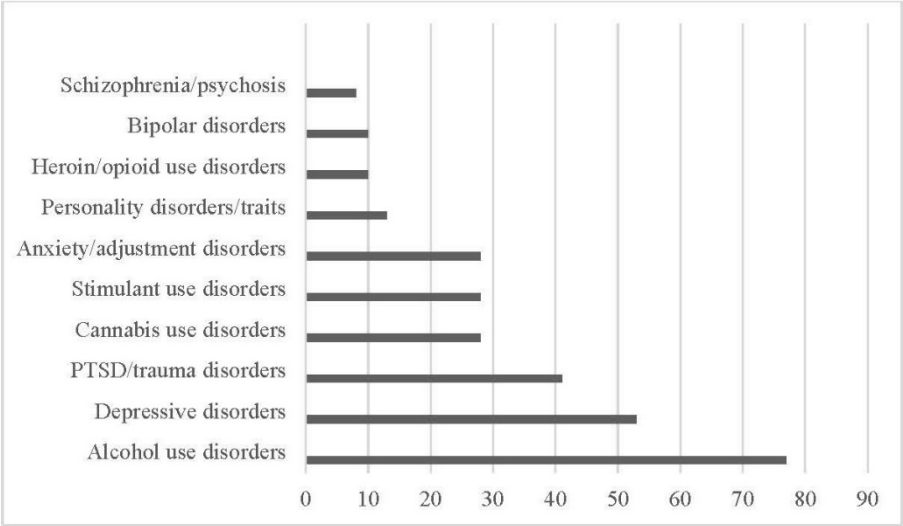


Figure 1. Percentages of diagnoses of Veterans in MH RRTP.

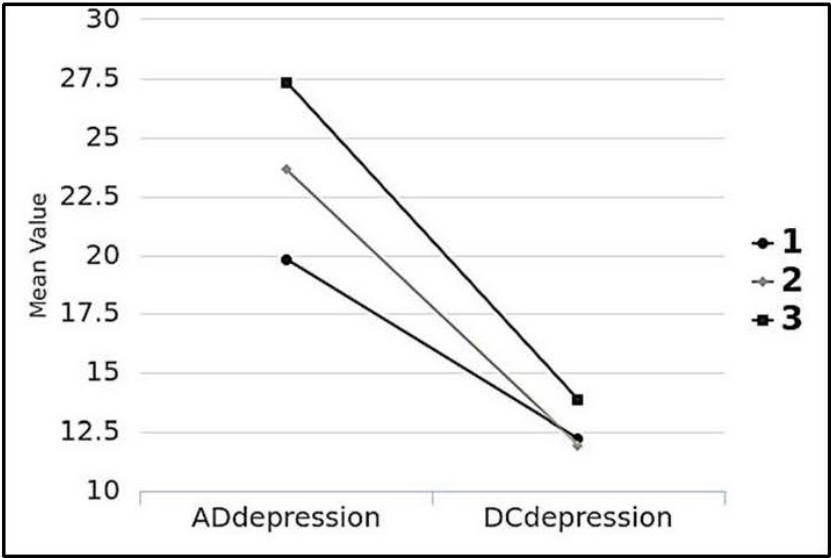


Figure 2. Depression admission and discharge means by length of stay.

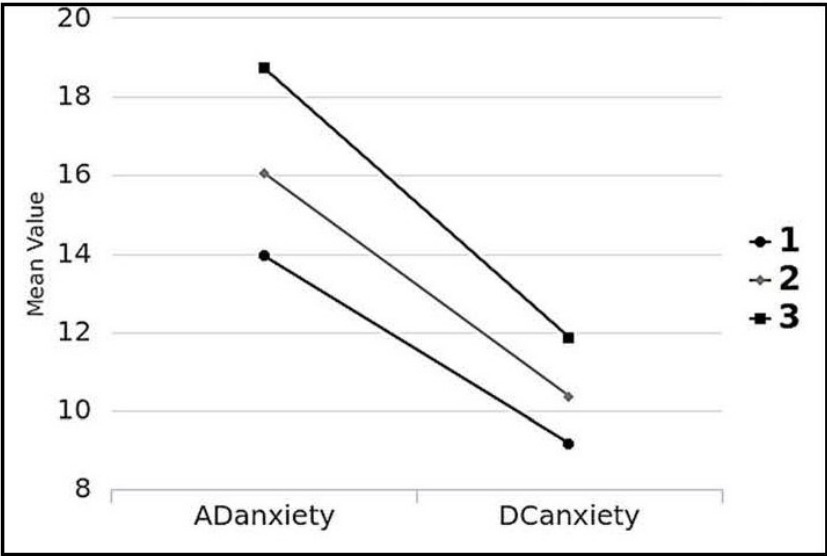


Figure 3. Admission and discharge anxiety means by length of stay.

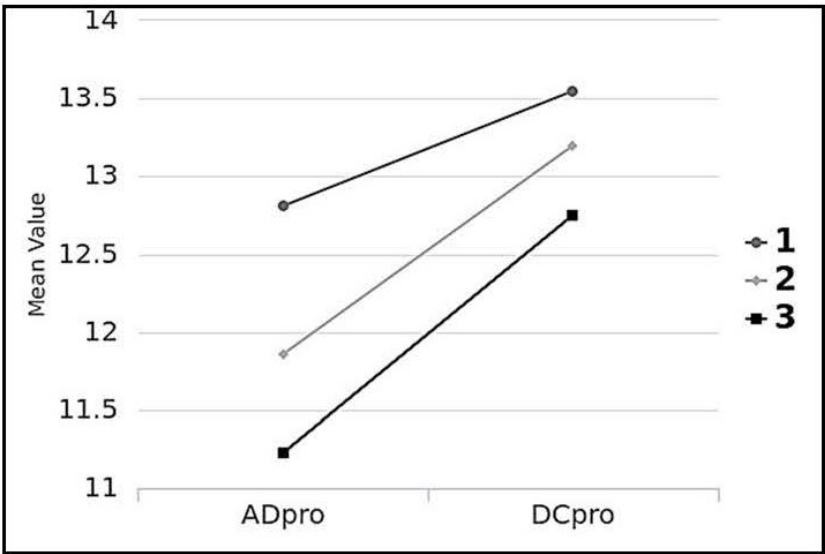


Figure 4. Protective factor means by length of stay.



# **“Success for Me is Progressing; Always Moving Forward”: A Qualitative Investigation of Student Veterans’ Definition of “Success”**

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This exploratory qualitative study examines student veterans’ definitions of “success” as they transition from service members to civilian college students. Across four focus groups, student veterans from a small Northeastern college campus discussed their multifaceted definitions of “success.” Results showed that student veterans defined “success” in a number of ways that include securing employment, interpersonal effectiveness, serving and advocating for fellow veterans, and building and modeling resilience. These findings have important implications for national programs that aim to help student veterans during their transition to civilian life.

**Keywords:** student veterans, transitioning veterans, veterans’ college experiences

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As over 2.7 million service members return from recent military operations, an increasing number of individuals from Operation Iraqi Freedom (OIF), Operation New Dawn (OND), and Operation Enduring Freedom (OEF) are attending or have attended college with the support of the Post-9/11 GI Bill (National Veteran Education Success Tracker, 2017). The Post-9/11 GI Bill helps veterans from the Post-9/11 era cover costs of obtaining education or vocational training. The Post-9/11 GI Bill has allocated over \$9 billion to fund education benefits (The NASPA Research and Policy Institute, 2013). To date, over 900,000 veterans have utilized education benefits (Department of Veterans Affairs, 2019), with the majority enrolling in colleges or universities (Cate, 2014). The number of veterans utilizing the GI Bill to enroll in public and private institutions, as well as the government's financial contributions to this effort, demonstrates the need for college campuses to better understand this population of students and support their efforts toward success.

The transition from military to civilian and student life can be daunting. Previous research has highlighted the many obstacles that veterans face during this transition (Borsari, et al., 2017). For example, regarding initial enrollment for benefits and coursework, there is often confusion about the different resources and eligibility criteria for Veteran's Health Administration (VHA) and Veterans Benefits Administration (VBA) benefits, as well as whether coursework completed during military service is transferable (Branker, 2009; Burnett & Segoria, 2009; Ellison et al., 2012). Understanding these policies and procedures, along with the time it takes gather the correct resources and apply for and receive related benefits, further adds to student veterans' cognitive burden. Relatedly, the shift to academic life comes with an externally determined structure, which is in stark contrast with military culture, where entire days were highly structured. The transition from structure to a campus environment can lead to difficulties in maintaining academic success and transitioning into civilian life in general (Ellison et al., 2012).

In addition to enrollment and transitional challenges, veterans experience higher rates of some physical and mental health difficulties compared to civilian populations, including traumatic brain injuries, posttraumatic stress disorder, and substance use disorders (Church, 2009; Milliken et al., 2007; Santiago et al., 2010; Shackelford, 2009; Widome, et al., 2011). Such difficulties affect not only academic performance (Grossbard et al., 2014; Quigley, 2015), but also their ability to connect with others and receive social support (Grossbard et al., 2014; Quigley, 2015). Further, suicidal ideation and attempts are not uncommon, particularly among veterans who experienced sexual trauma during their military service (Bryan et al., 2015; Rolbiecki et al., 2015). Indeed, military sexual trauma is experienced by one in four female veterans and one in 100 male veterans (Wilson, 2016). Additionally, student veterans tend to be older and often juggle different responsibilities than traditionally-aged, civilian students. These responsibilities may include marriage, children, and employment (Student Veterans of America, 2017). These unique logistical and psychological challenges experienced by student veterans can affect veterans' degree attainment. Indeed, some data indicate that a little over 50% of student veterans earn postsecondary degrees and it takes them longer to earn such degrees compared to other traditional students (Cate, 2014). Taking longer to attain a degree is problematic, as the GI Bill covers up to four years of education, which may not be adequate for student veterans to fully complete their degree requirements.

The growing number of student veterans on college campuses, coupled with the unique challenges that they face, has resulted in efforts to properly support and bolster student veterans' success. To better understand the ways institutions can improve systemically, education researchers have conducted qualitative studies and have consistently received the feedback that targeting student veterans' unique needs is vital to bolster their academic success (Hart & Thompson, 2013; Smith-Osborne, 2012). As a result, some college campuses have developed special services for student veterans to increase their access to information and resources, provide student veterans opportunities to socialize and build community, support academic functioning, and provide psychological interventions (Evans et al., 2015). Additionally, student veteran programs provide education to

faculty and staff on military culture and how to help support veterans in their classrooms (Evans et al., 2015). The college programs for student veterans largely focus on ways to bolster academic success, yet there is a need for systematic research to examine whether these student veteran programs actually achieve their goals (Borsari et al., 2017; Callahan & Jarrat, 2014; DiRamio et al., 2008; O'Herrin, 2011). In addition to this aspect of academic success, it is important to understand any other dimensions of success that may be important to student veterans.

As programs attempt to meet the needs of student veterans and ensure their academic success, it is also important for educators to understand the ways student services programming can help student veterans in all aspects of academia. A first step in addressing this point involves understanding the different ways student veterans define "success" as they transition to civilian life. According to goal-setting theory (Latham & Locke, 2007), explicitly clarifying what one hopes to accomplish in the future helps make the path to success more prominent, and students can begin to take tangible efforts toward achieving their goals. Thus, gaining a more explicit understanding of student veterans' definitions of success will allow us to better understand what student veterans are striving for and can inform efforts to support and ensure their success in areas in addition to the academic realm. As previous studies focus on academic success, additional research is needed to understand the many other ways that student veterans might conceptualize success.

## **Method**

### **Participants**

The present investigation is part of a larger study that utilized a qualitative research design to understand student veterans' experiences in college (Darcy & Powers, 2013). The study took place in a small Northeast state college campus. All procedures were approved by the college's Institutional Review Board. Four focus groups were conducted between 2009 and 2010. The majority of students were in-state residents (88%) and were enrolled full-time (64%). In 2009, over 130 service members,

veterans, and veterans' dependents were using VBA education benefits at this college, which represented 2% of the student population.

Two separate focus groups were conducted in 2009. The first focus group included four student veterans, and the second focus group included three student veterans (individuals only participated in one focus group). Thus, these 2009 focus groups consisted of seven male veterans between the ages of 24-42 who self-identified as White/Caucasian. Participants were from the Post-9/11 era and served in the Army, Navy, Air Force, and Marine Corps. There were six undergraduates and one graduate student with majors in counseling, English, geography, philosophy, and political science.

Two focus groups were conducted in 2010. These focus groups consisted of 11 veterans (2 females and 9 males) between the ages of 24-64. Nine veterans identified as White/Caucasian, one as Hispanic/Latino, and one as Native Hawaiian/Pacific Islander. Participants were from the Post-9/11 era and served in the Army, Navy, and Marine Corps. All were undergraduates with majors in criminal justice, counseling/social work, nursing, and philosophy. For all focus groups, demographic information was obtained through a self-report demographics questionnaire administered to the veterans. This questionnaire is available in the Appendix.

## **Procedure**

This investigation is part of a larger study that conducted four focus groups to understand student veterans' general experiences in college (Darcy & Powers, 2013). The present exploratory study utilized this focus group data to answer a more specific research questions regarding student veterans' definitions of success. During these groups the participants were explicitly asked: "How do student veterans define 'success?'"

Participants from the 2009 focus groups were recruited for this study by email and telephone. Individuals were eligible to participate if they were military veterans and current students at the present college. One email was sent to 130 current student veterans to request their participation, and one of the primary investigators followed up with telephone calls to provide information about the focus groups. In the fall semester of 2009,

two 90-minute focus groups were conducted. Participants attended only one group, with four participants attending the first group and three attending the second group. In each focus group, two group leaders welcomed participants, provided a brief description of the focus group process, and answered questions about what can be expected during the focus group. Participants completed informed consent forms and a demographic questionnaire. Audiotaping began when the focus groups started. In the introduction period of the focus groups, veterans were invited to discuss their time in the service. Afterwards, the focus group assumed a semi-structured approach, with interview questions designed by the principal investigators to explore student veterans' experiences in transitioning to college and their understandings of success.

Participants from the 2010 focus groups were recruited for the study by email and telephone. Individuals were eligible to participate if they were military veterans and current students at the present college. One hundred and fifty student veterans enrolled in the spring semester of 2010 were sent one initial and two reminder emails requesting their voluntary participation in one of two focus groups. A total of 25 students responded to the email. With phone call follow up, 11 met the criteria and agreed to participate in one of the focus groups. Of the 11 Veterans participating, four participated in the first focus group (1 female, 3 male) and seven in the second group (1 female, 6 male). To start each group session, the group leaders introduced themselves, gave a description of the participation process, and answered any questions. Participants then signed the informed consent document and completed a brief demographic questionnaire. After all informed consent documents were collected, audiotaping began. The focus group assumed a semi-structured approach, with interview questions designed by the principal investigators to explore student veterans' experiences in college and their understandings of success.

## **Analysis**

Qualitative methods and analyses framed this study to better understand student veterans' definitions of success. Data were examined using thematic analysis (Braun & Clarke, 2006), an inductive approach whereby themes in a coding system were generated from participants'

responses rather than a top-down, deductive approach, whereby theory and/or past studies guide the creation of themes. As the nature of this study is exploratory in its attempt to capture student veterans' definitions of success, we chose an inductive approach to generate definitions from student veterans' voices. We approached the data from the perspective that participants' given narrative responses reflect their internal ideas and experiences (Braun & Clarke, 2006).

In the first phase of thematic analysis, focus groups were transcribed fully by the senior author. In the first phase of formal coding of *familiarizing yourself with your data* (Braun & Clarke, 2006), transcripts of each focus group were carefully and thoroughly read through several times. Portions of the transcript in which success was defined and discussed were then identified. In the second phase, *generating initial codes*, the focus group transcripts were reviewed for initial codes, and excerpts for these initial codes were collected. In the third phase of coding, *searching for themes*, the initial codes were systematically organized into themes and example excerpts that applied to these themes were collated. In the fourth phase of coding, *reviewing the themes*, the themes were examined on a broader level to determine if they appropriately reflected the emergent topics throughout the transcripts. In the fifth and final phase of coding, *defining and naming themes*, themes were systematically identified and a coding manual was created to document theme names, definitions, and examples, which are outlined in the following section.

## Results

Four different themes emerged from the focus groups: (a) securing employment, (b) interpersonal effectiveness, (c) serving and advocating for fellow veterans, and (d), building and modeling resilience. In the following section, we describe the four themes that emerged from the focus groups. Veterans' names have been changed to protect their identities. Some phrases and sentences are italicized to add further emphasis.

**Securing employment**

In this theme, most closely related to academic success, veterans referred to their desire to secure employment as part of their definition of success. Reference to getting a job after graduating was generally brief and straight forward within the focus groups, student veterans often saying success involved “getting a job.” One student veteran, “Brett,” elaborated: “I want to grow up and be in the real world. I want to have something. I’m getting older and want to settle down, get a job.” Adding on to the general idea of academic success and getting good grades in college, veterans discussed how their education can help them move beyond success in college and into the working world. For example, “Asher” said “I am here for an education; [to] get that little piece of paper that says I can do whatever I want to do.”

**Interpersonal effectiveness**

In this theme, student veterans discussed their ability to network with others, open up to others, and communicate effectively with students and staff. The veterans in first 2010 focus group discussed feeling disconnected from civilian students, and how success involved being able to connect with civilian students. For example, one veteran, “Brett,” stated, “I am very condescending with people...I sometimes have to stop myself. Even after getting out four years ago, I have trouble switching out of that mode of translating a lot of the military talk and culture. It’s two different languages.” Another veteran, “Rey,” stated, “Yes, [success involves] opening up more. The environment is different and you can’t blow up on people. It doesn’t work that way. It’s different [in] the military than [in] college.” Here, Brett and Rey emphasized the importance of avoiding communication strategies that might have been appropriate in the military, but not effective in civilian environments. They also referenced the importance of getting along well with others during their transition to college.



**Serving and advocating for fellow veterans**

In this theme, veterans described their desire to serve and advocate for fellow veterans. Service can take the form of building community with other veterans to assist with the transition to civilian life. For example, one student veteran, “Todd,” said:

I think it’s important when vets come to school to connect with other vets on campus. Bonding with other vets is a great way to readjust back to civilian life. It’s important to seek out other veterans. Peer support network is critical to the readjustment, we help each other adjust from social networking, to [determining] who is a good teacher. When we come to school after active duty, and OIF-1, trying to transition back into civilian life, it feels as if it’s impossible but meeting other vets make it easier. You build on the knowledge from other vets. Network to access other vets.

Later in the focus group, Todd said it was important for him to “[help] other veterans; [be] an advocate for other vets; work for the VA, or VSO [Veteran Student Organization] to help fellow veterans from OIF/OEF and other generations. I want to be a useful tool that veterans can use.” Echoing this sentiment, another veteran who has a work/study role in a veterans’ resource center, “Cam,” stated: “I look at it as I served in the military, and now I’m serving my fellow veterans. I still serve. It’s the same thing as when I was in the military. I take care of my people and I train them.”

Along with the transition into civilian life, advocacy and service also include using one’s own personal and professional knowledge and experiences to provide academic-, benefits-, and GI-bill-related resources to others. Some of the veterans who referenced this theme specifically mentioned the importance of advocating for dedicated services for veterans that support the transition to college. For example, one student veteran, “Ben,” discussed his desire to help develop a specialized orientation and a “one-stop-shop on campus for veterans” that can be spearheaded by fellow veterans who have first-hand experience with navigating the transition to college and getting connected with resources: “If you have [another veteran] coming [who] has been in these types of situations, he has already

dealt with that; someone like him, who has already dealt with things, to point [veterans] in the right direction.”

In these excerpts above and by the other four veterans who referenced this theme, several veterans emphasized the importance of not only connecting socially with other veterans, but to be a resource for other veterans as well. They viewed success as their ability to engage in a community of veterans and to bolster other veterans’ success, not only their own individual success in college. They also communicated a strong desire to get involved with veterans’ resource centers and student organizations, with the goal of advocating for student veteran specific resources.

### **Building and modeling resilience**

In this theme, student veterans described the desire to build resilience and navigate obstacles along their journeys toward success. This included moving through difficult times that would ultimately help one excel in life. For example, one student veteran, “Caleb,” said:

The best way I can describe [my definition of success]: I am married with a kid; the role of a father, husband. Success for me is progress, always moving forward, no matter which direction, as long as moving. Sometimes even moving backward in order to move forward. As long as I’m moving and have a direction, or a structure, or general direction that isn’t causing me harm. My mind needs to be set.

Similarly, another student veteran, “Paul,” stated:

I am trying to prove to my kids...my father was a Vietnam vet, he died when I was 3 years old from Agent Orange...When he came home, he had cancer and was able to get his GED. Even when he was sick and after three tours, he believed you could still get an education, which we thought was highly important. That’s what I am trying to let my kids know. I want to let my kids know that there is a lot of out there and you will probably run into brick walls, and it may take a while to crawl out of the ditch, but maybe when you get out there will be friends and families there helping you.

Both veterans also alluded to the importance of not only continuing to move forward in their aspirations, but also how they attempt to model

resilience and challenges to their children. These quotes illustrate the multiple roles that student veterans inhabit and consider as they put forth effort into their college experience, including father and husband, and how their actions affect their own success as well as model resilience for future generations.

## **Discussion**

Findings from the present study highlight the many ways student veterans define “success.” Importantly, although traditional academic success was mentioned, definitions that encompassed securing employment after graduation, the ability to be interpersonally effective, serving and advocating for fellow veterans, and building and modeling resilience were also salient for these groups of student veterans. By virtue of the various intersecting roles that student veterans inhabit, as well as the strong desire to serve others that is common among veterans, it follows that student veterans’ definitions of success include different domains of their lives. In the following sections, we further elaborate on the emergent themes and how they can inform student veteran programs on campus.

Related to the theme *securing employment*, the present groups of student veterans named an important goal of getting a job after graduation. This goal might be driven by the multiple responsibilities that student veterans are more likely to have as partners or parents compared to civilian college students (Student Veterans of America, 2017). To help foster this domain of success, student veteran programs might consider incorporating workshops that discuss the specifics of writing resumes which translate skills attained during military service into civilian language, searching for and applying to jobs, preparing for interviews, and accepting job offers. Such workshops can include community speakers with expertise on the specific topic. Additionally, as mentioned by one participant, hearing from fellow veterans who recently have gone through the process of transitioning into graduate school or the work force is particularly helpful; thus, it would be beneficial for invited speakers to also have a military background and speak to the specifics of navigating the school or job search from a veteran’s perspective. Having a recent graduate discuss the steps (and missteps) he/she has made in the transition to graduate school or the work

force provides role modeling on how to make this transition from someone who recently was successful in doing it.

The emergent theme *interpersonal effectiveness* has implications for how student veteran health programs can bolster available resources. For example, college campuses can host events and spaces (e.g., student veteran lounges) where student veterans can network with one another and feel a space of community with one another. These lounges can serve as a place for student veterans to study, network, exchange ideas, and find camaraderie regarding academic, individual, or family issues within an environment that tends to be geared toward traditional college students. Veterans may also obtain informal feedback from their fellow veterans on their communication, helping to soften the blunt or direct strategies developed in the military. Relatedly, student veterans might benefit from increased programming that aims to bring veterans together, such as socials or community gatherings. Creating this space for veterans, both logistically and symbolically, may help student veterans feel like they have a safe space and community in which they belong.

Tying these themes and potential recommendations together, student services programming can create a unique space for student veterans with events that target the various aspects of student veterans' lives. These topics can include employment, positive communication, mental health, family and child development, financial planning, and other areas of life that are not traditionally discussed in college environments. For example, related to the theme *building and modeling resilience*, some student veterans in this study identified their roles as spouses and parents, and their strong desire to demonstrate to their children that they can overcome challenges. To foster this area of success, it might be helpful for workshops to include speakers with expertise in mental health, parenting, and work/life balance to help student veterans navigate their various roles while they learn how to instill values in future generations. Additionally, creating a special space and community for student veterans where they can also access information and resources about their health care and the GI Bill can also address the need for a "one-stop-shop" that a student veteran in the present study identified as a gap in his college. It will be important to consider the identities of student veteran health program staff and speakers,

as veterans in the present study identified the importance of learning from fellow veterans who have had shared experiences and goals for the future.

An example of such programming can be seen from the Student Veteran Health Program at the San Francisco VA Health Care System: a speaker series format has been developed in a number of college campuses in collaboration with the Veterans Health Administration (VHA). The purpose of the speaker series is to collaboratively work with student leaders to invite speakers to discuss a variety of topics that are important to student veterans. Lunch is typically served and the veterans bond over listening to a speaker while eating lunch. These events help to enhance the community for student veterans by allowing them an opportunity to bond with each other while also experience that they are important to the school and to the VHA. Additionally, VHA staff who are well-versed in benefit eligibility and enrollment are on-site during and after the speaker series to answer questions and provide resources for student veterans.

Related to *serving and advocating for fellow veterans*, the present group of student veterans shared their eagerness to play an active role in helping fellow veterans and helping to improve their own and others' lives. As responding to a "calling" to serve one's country is a common motivator for service members (Mankowski et al., 2015; Woodruff et al., 2006), it appears that the desire to serve other veterans continues and is a strong factor that contributes to "success." As the student veteran community grows, it would be helpful for educators to include student veterans as leaders within their own community to help with decision-making, programming, and mentoring of fellow student veterans. Such efforts both help student veterans fulfill their desire to make an impact and serve others, while also helping educators continuously bolster and grow student veteran programs. Importantly, these student veteran mentors will also need support as they devote some of their time to helping or serving others. Educators should consider the balance between helping student veterans foster their goals of serving and mentoring others, while also receiving support that will allow them to achieve their academic goals. As student veterans are typically only at school for a limited amount of time each day, it is critical that school administration invests in faculty and staff who are willing to support student veterans on campus. Roles can be formal (such as

becoming an advisor to the student group) or they can be informal (such as mentoring student veterans). To maintain a vital student veteran club from year to year, there needs to be a structure in place that allows an advisor, along with the previous student veteran leaders, to help pass the culture on to the incoming student veteran leaders.

Of note, student veterans in this study only mentioned their desire to help other veterans and did not mention serving non-veteran students, and at times alluded to the alienation they felt among their non-veteran peers (Darcy & Powers, 2013). As student veterans commonly feel alienated from the rest of their college-attending peers as well as faculty and staff (Barry et al., 2014), care should be taken to prevent student veteran resources from separating and alienating them from the rest of the campus. Indeed, the different social, political, and cultural views between student veterans and civilian students might contribute to student veterans' feelings of being an outsider on their college campuses. Therefore, thoughtful opportunities for student veterans to engage with civilian students are vital. For example, student veterans may be able to utilize the oft-stated desire of serving others to mentor civilian students about the significance of military service. Military service offers unique opportunities for individuals to engage in leadership opportunities that young adult civilians do not typically encounter. Thus, for civilian students who are interested in attaining leadership positions in college and/or in the workforce, student veterans might be able to act as mentors and provide information about how to find leadership opportunities and manage a team of people. Developmentally, as student veterans have a future-focused outlook on life, and civilian emerging adults grapple with developing their identities, mentorship programs might be an avenue for mutual veteran and civilian student enhancement. Of note, as student veterans in the present sample focused on the desire to help fellow veterans, it will be important for educators to gauge student veterans' interest in mentoring civilian students before such interventions are implemented.

### **Limitations and Future Directions**

The current study should be interpreted in the context of some limitations. First, the present study was conducted in 2009 and 2010.

Importantly, although the question of how to support veterans in their transition from the military dates back to earlier eras. Understanding what is important to student veterans and how to best support their needs, as well as how to create and maintain a welcoming environment, are important objectives for colleges to pursue. These objectives are relevant both during the time at which the data were collected, and today as veterans graduate and new ones arrive on campus. Second, the reference to “social success” in the interview question of interest might have led participants to discuss interpersonal effectiveness in their definitions of success. It will be important for future studies that investigate definitions of success to be open-ended in their interview questions. Additionally, future studies should investigate on a larger scale student veterans’ definition of success, and the implementation of recommendations suggested here should be approached with caution. Future focus groups should include a diverse range of veterans from different backgrounds, including race, class, and gender. Importantly, prior to implementation of these recommendations, educators should consult with student veteran groups and leaders to determine if creating lounges or speaker series, for example, would be helpful as student veterans navigate their paths to success. Understanding student veterans’ perspectives will continue to shed light on the ways educators can meet the unique needs of student veterans.

This exploratory qualitative study shed light on a group of student veterans’ definitions of success that encompass several domains. Securing employment, interpersonal effectiveness, serving and advocating for fellow veterans, and building and modeling resilience were aspects of success that student veterans referenced. Based on these responses, potential recommendations for educators and institutions include a number of ways to foster a welcoming environment for veterans, including student veteran lounges, peer mentorship opportunities, and invited speaker presentations by fellow veterans on topics such as applying for jobs, work/life balance, and mental and physical health. Although some colleges have implemented these recommendations, they have not yet been widely adopted. As concerns about how to ease the transition from military to civilian life remain relevant as service members return from deployment, it is important

for researchers and educators to continue efforts to understand student veterans' experiences.

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**Appendix**  
**Demographic Questionnaire**

1. Date of Focus Group (MM/DD/YY) \_\_\_\_\_
2. Gender \_\_\_\_\_
3. Age \_\_\_\_\_
4. Please indicate your ethnicity by choosing one option:  
\_\_\_\_\_ Hispanic or Latino      \_\_\_\_\_ Not Hispanic or Latino
5. Please indicate your race by choosing one option:  
\_\_\_\_\_ American Indian/Alaska Native  
\_\_\_\_\_ Black or African American  
\_\_\_\_\_ Asian  
\_\_\_\_\_ White  
\_\_\_\_\_ Native Hawaiian or Other Pacific Islander  
\_\_\_\_\_ More than one race
6. Marital Status (check current):  
\_\_\_\_\_ Never Married    \_\_\_\_\_ Married    \_\_\_\_\_ Separated  
\_\_\_\_\_ Divorced        \_\_\_\_\_ Widowed

For questions 7 thru 8, please respond based on your Most Recent Deployment:

7. Date arrived in theatre (MM/DD/YY) \_\_\_\_\_  
(if day is not known please write ?? for day)
8. Date departed theatre (MM/DD/YY) \_\_\_\_\_
9. Service Branch:  
\_\_\_\_\_ Air Force      \_\_\_\_\_ Navy      \_\_\_\_\_ Coast Guard  
\_\_\_\_\_ Air National Guard      \_\_\_\_\_ Army  
\_\_\_\_\_ Marine Corps    \_\_\_\_\_ Army National Guard
10. Total Deployments in Past 5 Years:  
Total Deployments Ever: \_\_\_\_\_  
OIF \_\_\_\_\_ OEF \_\_\_\_\_ Other \_\_\_\_\_
11. Major
12. Colleges attended, State, and when (which semesters):

### **Focus Group Interview Guide**

1. Tell us a little about yourselves and your military service.
2. What is it like being a college student at Rhode Island College?
3. One thing that really interests us is how a veteran defines success on a college campus. For some, it's defined as academic success (good grades moving onto successful graduation in 4 years). For others it is social success (engagement in out of class activities, feeling integrated into the college culture of students). How do you define success?
4. What motivates you to be successful in life?  
(Family/Career/Friends)?
5. How would you define success when you see yourself in the future (20 years)? (Thinking about the future)
6. How would you describe finding meaning and purpose in your life after military service?
7. What is one thing you wish the academic world could know about you (or your situation) that might help you be more successful?  
How did being deployed affect your college progress?

# **The Long-Term Effects of Parental Military Deployment on Perceived Parent/Child Relationship Quality**

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There remains a paucity of research surrounding the potential long-term effects of parental military deployment. This article provides counselors with an ability to better understand the long-term implications of parental deployment on the parent/child relationship through qualitative interviews with the, now, young adults who experienced a parent's deployment, using consensual qualitative research methodology. The study makes several contributions to the knowledge base. Utilizing Bronfenbrenner's Ecological Systems Theory, this study examined how adult children of deployed parents view their past and current parental relationships. Four domains emerged, including 1) factors impacting relationship with dad, 2) deployment cycle, 3) military culture, and 4) changes in perspective. Implications for both research and clinical work stem from the study's results, including a proposed ecological developmental framework.

*Keywords:* military, deployment, children, parents, development

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Since September 11, 2001, more than 2.7 million American service members have deployed to support military operations in Afghanistan/Operation Enduring Freedom (OEF), and Iraq/Operation Iraqi Freedom (OIF) (Watson.brown.edu, 2014). The impact of deployments on service members are well documented. Significant rates of various conditions such as major depression, post-traumatic stress disorder (PTSD), substance abuse/dependence, various psychiatric diagnoses, and increased rates of suicide are prominent (Bøg et al., 2018). Three million individuals are family members of service members, of which approximately one and a half million are children (Department of Defense, 2016).

In addition to the impact on the service members, the costs to their families vary. Families of deployed service members face understandable concern surrounding their loved one's safety (Duckworth, 2009). Many military families face financial difficulty, loss of a caregiver, and loss of emotional support (Lester et al., 2010). Though some of these problems resolve upon return from deployment, new difficulties may emerge. Given the population of military families, understanding their experiences, specifically the one million children whose parents had deployed as of 2012, warrants further understanding.

### **Parental Deployment**

Extant research indicates children who experience parental deployment face adverse consequences (RAND Corporation, 2011). One area of impact is psychological well-being (RAND Corporation, 2011; RAND Corporation, 2008). During parental deployments, children are significantly more likely to seek outpatient mental health services than children of non-deployed parents. Pediatric stress disorders increase 19% during parental deployment (Gorman et al., 2011). Adolescent males and females in 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grades with deployed parents reported higher rates of depressed mood than those with civilian parents or those with military parents who were not deployed (Reed et al., 2011). Children experiencing parental deployment or going through the post-deployment reintegration process are more likely to engage in alcohol consumption, marijuana use, or the use of other illicit drugs (Acion et al., 2013).

Parental deployment can contribute to decreases in academic performance (RAND, 2011) and problematic school behaviors (Chandra et al., 2009). Reed et al., (2011), using a sample of 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grade adolescents, found those with military parents were more likely to earn a majority of Cs, Ds, and Fs. RAND Corporation (2011) reported significant results for military youth compared to civilians, indicating this population felt less connected to peers and less happy at school.

Stress increases for the at-home caregiver and can lead to tragic outcomes. Rentz et al. (2007) reported that between January 1, 2000 and September 30, 2002, substantiated child maltreatment was 37 percent lower among military families than civilians. However, from October 1, 2002, to June 30, 2003, substantiated child maltreatment cases were 22 percent higher in military families than civilians. McCarthy et al. (2015) reported child maltreatment committed by the civilian parent was 52% higher during deployment compared to pre-deployment.

Post-deployment reintegration may prove difficult for families, as children and parents engage in role renegotiation as the deployed parent resumes responsibilities children assumed during deployments (Lester et al., 2010). RAND Corporation (2011) revealed nearly 60% of youth reported challenges during parental reintegration. These problems include nearly 50% of children concerned for future deployments, 40% of children dealing with the formerly deployed parent's mood, 30% reporting problems related to establishing a relationship with their deployed parent, and 28% reporting difficulty deciding which parent to turn to for advice.

Fathers returning from deployment also endorsed difficulty readjusting to the role of parent. Dayton et al. (2014) completed a qualitative study illustrating parents' perceived shifts within the family. Walsh et al. (2014) expanded upon this via a grounded theory study emphasizing fathers' perceived relationship problems with their children following deployment. In 2001, 15% of officers gave familial separation as the primary reason for separating from the military. By 2004, this number doubled to 30%. For enlisted service members, this number increased from 11% to 18% in the same time frame (U.S. Army Research Institute for the Behavioral and Social Sciences, 2006).

The studies and statistics reported above demonstrate parental perceptions regarding difficulties stemming from deployment. However, little is known about the perceptions of the child regarding deployments, nor how those perceptions continue to impact the child as they grow into adulthood. A deeper understanding would aid military aid organizations, educators, and psychologists in attending to the unique needs of this population.

### **Ecological Systems Theory**

Evidence indicates children's experiences of deployment impact numerous facets of life. Thus, Ecological Systems Theory is an appropriate lens to better understand this population (EST; Bronfenbrenner, 1979). Bronfenbrenner describes development as an evolving interaction over the course of a life among the people and settings where one lives. These people and settings impact one another, and their interactions merit understanding. Development is the outcome of the phenomenon at a point in time, rather than the phenomenon itself (Bronfenbrenner, 1994). Bronfenbrenner proposed four initial systems presented in a nested arrangement: the microsystem, mesosystem, exosystem, macrosystem (Bronfenbrenner, 1979), and later, the chronosystem (Bronfenbrenner, 1986).

The *microsystem* plays a critical role for this population. Literature regarding impacts of parental deployment focuses on shifts in the microsystem, specifically changes within the family, school behavior, and academic performance (Flake et al., 2009; Chandra et al., 2010). Though numerous studies provide prevalence rates of problems, no studies utilized a qualitative approach to understand this population.

The second layer is the *mesosystem*, or interactions among microsystems (Bronfenbrenner, 1979, 1994). The mesosystem may entail how interactions among school and family generate new phenomena. Reed et al. (2011) noted students experiencing parental deployment are 10% more likely to receive grades below a B. Richardson et al. (2011) reported at-home caregivers are less likely to attend school meetings and assist with homework thus exacerbating changes between the two microsystems.

The third layer is the *exosystem*, which refers to various external



settings. Bronfenbrenner (1979) noted a parent's place of work (such as the military) and a parent's network of friends are exosystems that often impact an individual's development. Huebner et al. (2007) posited loss and uncertainty are recurrent themes for children in military families.

Ambiguity regarding a parent's deployment is a result of a parent's career.

The *macrosystem* refers to the interactions of lower level systems (micro-, meso-, exo-). Specifically, the macrosystem examines prevalent traits within the inner three systems (Bronfenbrenner 1979; 1994). It is important to note military culture and values (macrosystem) seep into the microsystem of the family. Military mores may impact the reintegration of the service member and impact the parent/child relationship later in life (Brown, 2012). With the reintegration process impacted by military values, it is pertinent to understand this population's perspective of reintegration and their relationship with their parent.

The *chronosystem* is the 5<sup>th</sup> and final system of EST. The chronosystem incorporates shifts over the course of one's life. These changes may be within the individual or broader economic or sociocultural trends (Bronfenbrenner, 1994).

### **Purpose of the Present Study**

Though literature regarding parental deployment continues to grow, several questions warrant investigation. Sandoz et al. (2014) theorized children of deployed service members face difficulty adjusting to novel familial norms during reintegration. Long-term negative impacts, specifically externalized behavior, may be attributed to temporary parental separation (Murray & Farrington, 2005). Additionally, long-term impacts were found on the quality of relationships with parents and other family members following parental divorce (Ahrons, 2007). Huebner et al. (2007) revealed children who experienced parental deployment could identify relational shifts with formerly deployed parents. Additionally, 54% of participants endorsed reintegrating the formerly deployed parent as problematic (RAND Corporation, 2011).

To begin understanding the long-term effect of deployment on these relationships, a qualitative methodology was appropriate. Consensual

qualitative research (CQR) provided the best means to better understand this phenomenon (Hill et al., 1997).

## **Method**

### **Participants**

Ten young adults (19-25 years-old) participated in the study. Hill et al. (2005) recommends 8-15 participants. Participants were asked to identify their gender, resulting in 3 males and 7 females. Participants' ages during the deployment were gathered, with ages ranging from 2 to 18 years-old. Regarding ethnicity, 9 participants identified as Caucasian while 1 participant identified as Latino. All participants reported paternal deployments. None reported maternal deployments. The number of deployments experienced ranged from 2 to 7, and the length of individual deployments was 1 to 18 months. Participant demographics are summarized in Table 1.

### **Researchers**

The CQR coding team consisted of 3 male doctoral research assistants (all non-Latino White, U.S.-born), 1 female doctoral research assistant (non-Latina, White, U.S.-born), and 1 female master's research assistant (non-Latina, White, U.S.-born). An external auditor (non-Latina, U.S.-born, faculty member with experience in CQR) contributed to the study.

### **Procedures**

This study was conducted in accordance with standards put forth by an institutional review board. This ensured ethical procedures for recruitment, interviews, and data storage. Participants were recruited through a variety of mediums including various social media platforms and paper flyers distributed at two state university campuses located in Northern Plains states. Participants were compensated with a 10-dollar gift card to an online retailer. The first individual who met the criteria and agreed to participate, served as the subject of a pilot study.

The first author conducted interviews, lasting approximately 45 minutes. The interview consisted of five fixed questions, and follow-up prompts to ensure consistency across participants.

The primary interview questions were as follows:

1. What does it mean to you to grow up in a military family?
2. What was your relationship like with your parent prior to their deployment(s)?
3. What was your relationship like with your formerly deployed parent right after his or her return?
4. What is your relationship like with that parent now?
5. What, if any, impact does deployment have on a parent's relationship with their child?

## **Data Analysis**

Team members reviewed and discussed seminal journal articles describing the process of CQR (Hill et al., 1997; Hill et al., 2005). To mitigate the impact of bias on the analysis, the team examined potential preconceptions prior to examining data. Two team members reported growing up in military households. Both also endorsed experiencing paternal deployment of not more than 4 months. Other group members later disclosed their own parental experiences and how they may impact their perceptions of the data.

The following military biases were discussed by the team: 1) hypermasculine norms in the military are common and thus, emotions may not be commonly discussed, 2) military culture is viewed as supportive, 3) Operations Enduring Freedom and Iraqi Freedom were handled poorly by government leadership, 4) parental deployment has some effect on the parent/child relationship into young adulthood, 5) the Air Force was regarded as less militaristic than other branches, and 6) a team member reported a negative view of the military power structure. The analysis team identified the following biases regarding parent/child relationships: 1) Paternal relationships entail fewer emotions than maternal relationships 2) Daughters would report closer relationships with fathers than sons.

Team members worked independently to read the transcripts and code the data. Members then returned to the team to address discrepancies

and ensure fidelity to the CQR model. Subsequently, each team member established initial inferences for themes. The research team then met to discuss the independently developed themes. During these interactions, the research team began to develop a consensus on domains and categories. The domains (comprised of multiple categories) were refined until consensus was reached. After the initial iteration, the auditor reviewed the results to mitigate any inference of bias. Feedback from the auditor was incorporated. After subsequent iterations and the emergence of additional categories, the research team engaged in a cross-analysis procedure to provide information on the prevalence of each category. For the purposes of this study, “general” indicates appearance in 9-10 cases, “typical” indicates appearance in 5-8 cases, and “variant” indicates appearance in 2-4 cases.

Team members utilized the derived categories to code transcripts during cross-analysis. The team met and addressed discrepancies. The domain “Factors Impacting Relationship with Dad” warranted attention as fleshing out nuances between categories proved arduous. Following this, cross-case analyses occurred, however no differences in categories or domains emerged.

## **Results**

Research team members initially identified 77 separate themes. Through the iterative process inherent in CQR, these 77 initial themes were refined into 4 domains and fourteen categories. The cross-analysis assisted in confirming the domains and providing information on the frequency of each category (Table 2). The four domains were 1) factors impacting relationship with dad, 2) deployment cycle, 3) military culture, and 4) changes in perspective.

### **Factors Impacting Relationship with Dad**

The first domain that emerged pertained to factors impacting participants’ paternal relationships. Following the first question, subsequent questions aimed to elicit information regarding the parent/child relationship. Questions were not structured in a way to elicit positive or

negative aspects of the parent/child relationship prior to, during, or following the deployment.

The domain of *Factors Impacting Relationship with Dad* consists of four categories. The categories are: (a) communication, (b) dad's personality, (c) dad's involvement with children, and (d) dad as a "friend."

### ***Communication***

Participants in this study typically (8 out of 10) reported communication with their father was a critical factor regarding their relationship. Participant 3 stated, "Our co-communication was very, very bad, and we just, you know, it was mostly just a lot of him getting mad about what he was hearing and so, it just wasn't a very comfortable environment during that time."

### ***Dad's Personality***

Participants typically (6 out of 10) indicated their father's personality impacted the quality of the relationship. Participant 2 noted the following relating to their father's personality, "Like the way in which discipline, etc. was done. Like, he was very conservative, very strict."

Participant 7 reported that his father's personality stood in contrast to their own means of connecting to others:

I mean, my dad was always very stern and straightforward kind of, military man. That's how I would describe him. Honestly, he, he tried real hard, is what I'll say about him. But he had a lot of difficulty emotionally connecting with people, and I'm a relatively sensitive individual, who I've been told I got that from my mother (laughs).

Participant 9 recalled a specific instance of their father's personality yielding conflict:

I remember one time I think I'd like lost my shoes in the living room somewhere and maybe I didn't put them up and he just kind of threw open my door and like tossed the shoes in there. It didn't even come close to hitting me or anything. It wasn't like he was throwing

the shoes at me, but for some reason that stuck out in my head, because it was just kind of like sudden. I was like in my bean bag chair and reading and he just kind of like threw the shoes in there. I think I said something like, "What the hell?" Or something like that and he was just really mad about the shoes. There would just be stuff like that, where ... Just stuff that you wouldn't think would irritate someone that much. He would just get really, really irritated by it.

### ***Dad's Involvement with Children***

Participants (10 out of 10) reported paternal involvement with them stood as a factor impacting the relationship. Participant 1 noted, "I was very into sports when I was growing up, and he would always be the one that would be out back with me and helping me, I guess, get better."

Participant 10 reported that today, an overall positive relationship exists:

I do keep up with him a lot more, but we have a lot of shared interests. We talk on a regular basis; we get together on a regular basis. He lives within about an hour and a half of me.

Participant 9 contrasted participant 1 and 10's positive descriptions of paternal involvement with one whose father's involvement was viewed in a less than positive light:

Especially in my dad's case, because he was kind of the ... I don't know the word for it but like, when I got in trouble, he was the one I guess that determined what my punishment was, how long I was grounded or whatever. My relationship with my dad then, it almost seemed like he was around for me when I got in trouble, but not necessarily for the cool things that I did.

### ***Dad as a "friend"***

A variant number of participants (4 out of 10) posited viewing their father as a "friend" was an important factor in the parent/child relationship.

Participant 8 stated, “It's kind of like he can be a dad, but he can also be a friend as well.”

Participant 2 reported a distant relationship with their father as a child but now describes their relationships as a friendship or collegial, stating:

Yeah. Like some of the times I've visited, like he'll be gone some of it. He'll come back for like a day or two where like he'll take me out to the bar. We'll have like a drink and play some pool and just like shoot the shit about whatever's going on, you know?

## **Deployment Cycle**

The second domain that emerged from the iterative analytic process is comprised of several categories related to the deployment cycle. These categories relate to how the deployment experience itself impacted their perceptions of the relationship with their fathers.

The domain *Deployment Cycle* is composed of four categories: (a) shifting family events, (b) deployment is hard for the family, (c) deployment shifted routine of the family, and (d) experience of distress/anxiety.

### ***Shifting Family Events***

Participants typically (5 out of 10) endorsed the shifting of family significant events (i.e. major holidays and birthdays) as significant aspects of the deployment cycle experience. Participant 10 noted, “You just have to carry on. It was you get in what you can by way of conversation or holidays even. There were Christmases not there, birthdays not there.”

Participant 8 reported the additional effort put forth by their father for significant events was especially meaningful. “I wouldn't get to talk to my dad or see him but I'd always have a card there or something, so it wasn't like he was completely out of the picture.”

### ***Deployment is Hard for the Family***

Study participants typically (8 out of 10) reported that the deployment cycle was hard on the family. This category describing family

focused on the negative impacts on the family regarding relationships with all family members, including the deployed parent. Some examples of these negative impacts are increasing discord or distance in relationships.

Participant 4 reported the following regarding the difficulty of deployment:

I mean, if I had to draw a general trend line I would probably say that it was, you know, we really missed dad or mom or whoever is gone, and it's really tough. He did a lot, right, I mean, he kind of worked the system as much as he could to kind of avoid big deployments and just because my mom couldn't take it.

Participant 9 reported the following regarding their parent's marriage:

I guess he (father) was talking to her (mother) fairly recently and she talked about how kind of the same thing about how he'd always be different after deployments and she expressed at one point, she wasn't sure if he would ever go back to being normal.

Participant 5 corroborated participant 9's experience, specifically noting the distress experienced by the participant's mother:

A lot more hectic just because where my dad would step in and help with certain things with my mom. She didn't have that anymore. She was just a little bit more stressed. I think my sister and I felt that tension from her and like rolled over into our lives even though we weren't greatly affected because my mom worked so hard not to let us be but just knowing that she was so stressed made us on edge.

### ***Deployment Shifted Routine of the Family***

Study participants generally (9 out of 10) endorsed the shifting of familial routines as a pertinent aspect of their deployment cycle experiences. Participant 2 noted a striking difference in the daily routine following their father's return from deployment:

Like me and my sister we always did everything for ourselves, like when to get ready, how to get prepared for school. And he was just yelling. His first day back he was like, "Do this and do that, and



you're going to miss the bus and stuff." And finally, I looked at him and I was like, 'Look, every single day for a year, like I've done this without you. Do you really think I need your help today?'

### ***Experience of Distress/Anxiety***

Participants typically (6 out of 10) discussed distress and anxiety as salient aspects of their deployment cycle experiences. Participant 10 discussed the lead-up to a deployment as especially stress inducing, "Well, it's just a feeling of impending doom so-to-speak. You know that it's getting ready to happen; there's absolutely nothing you could do about it."

Participant 1 reported the following pertaining to maintaining the paternal relationship:

I guess, ...my dad would call sometimes if he was able to and being on the phone with him, I then got anxiety about when he was going to hang up. Like, I needed to make sure that I talked to him before he hung up.

Participant 8 presented negative emotion during deployment, as well as means of coping:

Just like shoving, shove it aside ... Act like there's nothing going on and then occasionally it would hit me a few times... like I remember that morning I got to school pretty early, and I was pretty sad that he was gone, but like when I said goodbye and all of that not... it was just like, "Okay, bye. See you in six months." Yeah, so I think my kind of way is it's like avoid the problem 'til it goes away and that's still how I am I guess...

### **Military Culture**

A domain pertaining to the impact of military culture on the participants' experiences emerged. This domain covered a myriad of cultural norms and mores specific to all military families as well as those experiencing the deployment of a parent. This domain is comprised of four

categories: (a) transience in personal relationships, (b) dad's absence became routine, (c) sacrifices, (d) military values.

### ***Transience in Personal Relationships***

Study participants typically reported (8 out of 10) regular changes and shifts in relationships were an important aspect of their experience. The most common report from participants was the regularity with which new friends had to be made due to the participants' moving, or their friends going to a new base. Participant 4 stated the following, "When you move around so often, you know, the friendships and whatnot you kind of develop are almost temporary, whereas the familial relationships are, you know, that's what you have for life."

Participant 10 shared a similar sentiment regarding platonic relationships, "Honestly those relationships they still are very difficult for me. My dad always had a saying about know the difference between friends and acquaintances."

### ***Dad's Absence Became Routine***

The next aspect of military culture, especially during the high points of OEF and OIF, was the normalcy of parents' deployment for friends, classmates, and peers. Participants (10 out of 10) endorsed this category as a salient aspect of their experiences. Participant 9 reported, "I just think that growing up military kind of means recognizing your dad might not come home. If he does, you might not really know who he is."

### ***Sacrifices***

An additional component of the culture of military families are sacrifices. This category was typically endorsed (5 out of 10) by participants. While the participants did not make the decision to make the sacrifices inherent with a parent's military service, they were certainly subjected to them. Participant 8 noted a lack of a "home" was one of the major sacrifices made by military families. "For me I think the biggest thing was you were never, like you really didn't have like a 100% place to call home. I think that's the thing that resonated with me the most."

Participant 1 responded to the first question as follows. “Oh, man. I would say it means sacrifices. Like you’re always giving something up. Like time with my dad or living in a not so cool of a town. I don’t know, it’s always something.”

### ***Military Values***

Participants typically (5 out of 10) posited military values were important. Participant 8 noted the value of military community: “Wherever you went it was like you were instantly part of a community. Everyone took you in, whereas opposed to the non-military.” Participant 10 noted difficulty growing up in a culture with specific values, “Sometimes I do struggle with understanding things even as an adult when someone will say something, I’m like, ‘I just don’t get that at all.’ I know what it’s from now so that makes it better.”

### **Changes in Perspective**

The final domain that emerged dealt with changes in perspective. Data pertaining to the categories of (a) reflecting on the past and (b) understanding the present emerged.

#### ***Reflecting on the Past***

Participants generally (9 out of 10) reflected on the past, acknowledging a deeper understanding of childhood. Participant 7 reported a deeper understanding of their father. “I would say that despite all the times he was cold, and military-like, and demanded perfection, and stuff, I knew that he only did those things because he wanted the best for all of us.”

Participant 9 also endorsed an understanding of their father’s military experiences:

My dad was gone a lot growing up, for various reasons, and I didn’t really get it. I knew that he was doing work and I knew that he was serving his country and especially because my dad worked in security and he was a military police officer and a sniper, I knew that a lot of the stuff that he was doing was dangerous. There kind of wasn’t a guarantee when your dad is gone, you don’t necessarily

know if he's coming back, but I don't think I still quite understood that as a kid.

Participant 9 reflected on current understanding of post-deployment behavior.

It was just frustrating, I think. To me, it came off as being childish. Now that I'm older, I think that we're learning a little bit more about PTSD and stuff like that. I think that might've been part of what was going on. I don't think he would admit to that and I don't know if he's ever been diagnosed with that but I think that might've ... Because it was, you know he's shooting people and people are shooting at you and you don't know.

### ***Understanding the Present***

Study participants typically (7 out of 10) postulated a better understanding of the present is a salient aspect. Participant 5 noted she has a clearer perspective in her own marriage:

My husband is military. I think knowing the back side of that and knowing how it operates and how it's very political in the sense that you've got to schmooze this guy and you've got to be respectful here and you've got to play this role and how stressful it can be on the active duty member.

## **Discussion**

Two qualitative studies explored this population Walsh et al., (2014) studied parental experience while Huebner et al., (2007) examined the child's perspective. Though both studies provided information, this is the first known study to examine long-term implications of deployment.

### **Factors Impacting Relationship with Dad**

Four categories arose: (a) communication, (b) dad's personality, (c) dad's involvement with children, and (d) dad as a "friend." One pattern within this domain was the quality of communication and subsequently, paternal involvement. These salient categories influence the domain of

“Changes in Perspective.” Specifically, participants who endorsed an ability to reflect on the past and make meaning of their present situations, reported communication with their formerly deployed fathers as important to that process. This illustrates these domains do not act as singular players in the experiences of this population, but rather work in concert.

## **Deployment Cycle**

In this domain, four components or categories emerged: (a) shifting family events, (b) deployment is hard for the family, (c) deployment shifted routine of the family, and (d) experience of distress/anxiety. These four categories interact in several ways. Specifically, the categories within this domain are found within three layers of the nested arrangement of EST.

The category of “deployment is hard for the family” occurs in the microsystem. The interpersonal nature of difficulties within the family are evident in participants’ statements. The interactions of aspects of the microsystem link the mesosystem within this domain. The intrapersonal experiences (distress/anxiety) further impact relationships with other family members such as the at-home caregiver and siblings. The aspect of the exosystem at play in this domain is the parent’s career. The “Deployment Cycle” domain and its categories result from the career of the deployed parent. Thus, the mesosystem and microsystem impacts examined in this domain occur under the umbrella of the exosystem.

## **Military Culture**

The four categories in this domain are: (a) transience in personal relationships, (b) dad’s absence became routine, (c) sacrifices, and (d) military values. This domain emphasizes the microsystem, specifically changes in relationships.

The mesosystem is prominent within this domain as various players within the microsystem interact. For instance, familial stressors impact the participants’ peer relationships.

The exosystem is prominent, as a common factor for changes within the microsystem and mesosystem is paternal careers. A military childhood led to unique experiences, such as living and attending school on a military

base. The military also impacted the previously mentioned friendships, as participants described making new friends in military communities was easier as peers understood cultural norms and mores.

Impacts of the military are not solely within the “Military Values” domain. The category referencing the regularity of a father’s absence plays a role in the domain illustrating the factors impacting the paternal relationship. Regular absence in relationships infiltrates a child’s view of their father as a “friend” and, overtly, the extent to which a father can be involved in their child’s life, as illustrated in the domain, “Dad’s involvement with Children.”

### **Changes in Perspective**

The final domain involved consisted of two categories: (a) reflecting on the past and (b) understanding the present. Expanding upon previous domains, this domain includes all 5 layers of EST. In the literature review, it was not expected that the Chronosystem would play a role. However, participants referenced how changes in their lives, over time, impacted their understanding of childhood. Participants described how perceptions of their military childhood impact current relationships with their parents, and their own spouses and children (see figure 1).

### ***Individual***

Before examining the 5 layers of EST it is critical to examine the inner experience of the individual. Participants endorsed internal distress stemming from the deployment cycle. This distress manifested as anxiety regarding the well-being of their deployed parent. This anxiety corroborates literature positing internal distress in this population during deployment (Reed et al., 2011). Results also corroborate distress during reintegration (RAND, 2011). However, participants did not report these internal anxieties continue their manifestation into early adulthood. This suggests such negative outcomes for this population may dissipate over time.

***Microsystem***

The domain “Factors Impacting Relationship with Dad” covers components leading to the quality of relationship with a father. The participants’ relationships with their fathers stands as a component of participants making meaning of their childhood, as well as discerning how to approach their current relationship with their father. Additionally, participants endorsed their relationship with their father as impacting how they make meaning of their current status as a spouse and parent.

The microsystem connected several domains. Outside of the father/child relationship, other relationships within the family unit emerged. Within the domain of “Factors Impacting Relationship with Dad,” participants often referenced themselves in relation to being part of a family unit rather than a singular entity in relation to their military parent. In the domain “Deployment Cycle,” participants noted strains of the deployment and subsequent reintegration phase on their at-home caregivers and their siblings.

Peers are a core component of the microsystem. Participants shared a notion of “sacrifice” in the domain “Military Culture.” Participants noted it was commonplace to move regularly and friendships with peers were often lost.

***Mesosystem***

The mesosystem stands as the interactions between microsystems (Bronfenbrenner, 1979, 1994). One example of such an interaction comes from the domain “Military Culture.” Transience in personal relationships represents interactions of the microsystems of school friendships, and families. This aspect of the Mesosystem was typically endorsed by participants.

An example of the mesosystem was found within the “Deployment Cycle” domain. Participants discussed how the deployment itself led to changes in routines in the family unit and participation in extracurricular activities (with one participant noting driver’s education). Participants endorsed negative affective impacts during and immediately following their parent’s deployment. These affective concerns, while primarily a mental

health concern, had an impact on participants' families. Those stressors within the family unit may impact interactions with peers, performance at school, and interactions with community members.

### ***Exosystem***

The exosystem incorporates entities or systems in which the individual is not an active participant (Bronfenbrenner, 1979). An overt example of an exosystem in this study is the military itself. The domain of "Deployment Cycle" abundantly illustrated the exosystem. This domain clearly demonstrates the functional impact of the exosystem, in this case the deployment, on the individual and several critical microsystems at play in the participants' development. The military played a critical role in determining where these participants lived (8 out of 10).

When living overseas, the military-lead education systems (i.e. Department of Defense schools) determined when participants changed schools. The all-encompassing nature of the military and thus, the exosystem, cannot be understated as it relates to participants' childhoods.

### ***Macrosystem***

The culture of the military was woven into the experiences of participants. Military culture normalized the transience in relationships with peers. Participants spoke about frequent permanent changes of their father's duty station. Additionally, participants endorsed the infrequency with which their fathers were present due to deployment was the norm.

Junger (2016) posits for service members, deployments are an experience that lead to strong views about war and America that differ from civilians or service members who did not deploy. This 'othering from society' may permeate to the family. The members of the population identify the idiosyncrasies of military culture as a formative aspect of development.

The culture of the military significantly impacted the domain "Deployment Cycle." Participants often endorsed that upon their father's return from deployment, the parent/child relationship could be difficult due to their father having been steeped in military culture without their family



for the duration of a deployment. Additionally, the unique cultural norms of a deployment, as opposed to those present when on base in the United States, also impacted the participants' perception of their relationship with their formerly deployed parent.

The macrosystem became present in the "Changes in Perspective" domain. Participants reported more understanding and appreciation for their fathers as members of the military. Participants indicated an increased ability to delineate between their fathers as individuals, as men, as opposed to service members. This shift in perspective yields improved relationships. One participant noted while his father holds more conservative views that were in part shaped by the military, they enjoy a good relationship despite philosophical differences.

### ***Chronosystem***

The chronosystem emerged as relevant in the participants' experiences, incorporating changes over the lifespan. The relevance of the chronosystem proved surprising as it was not anticipated it would prove germane to the study.

Participants' ability to take perspective on their childhoods and parental deployment proved salient. Participants revealed the difficulties that existed during the deployment cycle were mitigated and, in some cases, fully resolved. An ability to better understand this was revealed in the domain "Changes in Perspective."

One specific aspect of this pertains to communication with their formerly deployed parent. Participants reported an overall improvement in communication with their formerly deployed parent. Ranging from a détente to disclosing their parent was a close confidant, communication patterns appeared to improve.

Participants posited a military upbringing and parental deployment informed their understanding of the world. From uncertainty about paying utility bills to fostering an understanding of their military spouse, the cultural norms, mores, and experiences of childhood evolved and manifest in new behaviors.

Participants had clear perspectives on their parental deployment. These included their own family relationships and their understanding of

military culture. No prior qualitative studies sampling this population discuss this impact. Bronfenbrenner's EST facilitates understanding the depth of the deployment experience into the adult lives of children.

### **Limitations**

Though this study garnered valuable information, there are several important limitations that are worthy of additional comment. The sample gathered for this study included individuals who exclusively experienced the deployment of their fathers. The experiences for members of this population who experienced the deployment of their mother may yield significantly different problems during the deployment cycle as well as during early adulthood.

A limitation is the racial/ethnic representation. Nine of the participants in the study self-identified as Caucasian, while one self-identified as Latino. This is a noteworthy limitation as this sample does not accurately represent the racial diversity within the armed forces. According to the Assistant Secretary of Defense (2015) 68% of active duty service members identify as Caucasian, 17% identify as Black or African-American, 4% identify as Asian, 2% identify as Native or Indigenous, 3% identify as multi-racial, and 4% identify as Other/Unknown.

The range of cumulative deployments experienced by the participants stands as a limitation of the study. Though all participants met the criterion of a minimum of 13 cumulative months of deployment the range of experience beyond that marker was significant, with participants reporting 14-50 months of cumulative deployment.

Although the participants appeared to have a variety of socioeconomic backgrounds during their childhood, as indicated by parental rank, current socioeconomic status (SES) was not evaluated for this study. Therefore, it is not possible to say whether SES or other economic factors had an impact on the experience of the participants in this sample. Additional research that attends more closely to SES, social class, and related factors would be an important addition to this body of research.

An additional potential limitation is the bias the team revealed prior analysis. The potential influence of bias is regularly cited as a shortcoming of CQR and qualitative research. One bias identified by the group was that

two of the analysis team members grew up in military families. Though checks were conducted to ensure fidelity to the CQR process, it is not possible to fully ensure their experiences did not influence analysis.

### **Implications for Research and Practice**

Results from this study have implications for research moving forward. It would prove beneficial to conduct an additional study examining the experiences of those who went through the deployment of a mother or deployment of both parents simultaneously causing the child/children to stay with a care-giver.

Given the participants were disproportionately Caucasian compared to the demographics of active duty service members, it would prove beneficial to understand the experiences of minority young adults, as racial and ethnic minorities in the United States are significantly more likely to experience chronic stress from discrimination (Bahls, 2011). Understanding the experiences of minority young adults who experienced parental military deployment will provide a more accurate representation of the military as a whole, and provide psychologists nuanced approaches to appropriately mitigate negative outcomes stemming from a parent's deployment.

Each branch of the military and each military occupational specialty present unique experiences for the military member and their families. Additional research focusing on the experiences of this population based on these factors may facilitate deeper understanding of parental deployment's long-term impacts.

A clinical implication is understanding the role military culture plays in this population's development. The normality of long periods of absence in critical relationships, whether a parent's deployment or the sudden loss of a peer, is salient to understanding relationship development, maintenance, and expectations. Accompanying these relational changes are shifting of routines and significant milestones. Making sense of loss and transience may prove beneficial in settings where attachment and adjustment concerns are prominent.

Clinical attention may focus on the lack of participants' power. Participants referenced deployments, friends moving, and their own moves. This lack of power and control occurred throughout childhood, not simply

during deployments. Thus, attending to power dynamics in clinicals setting is important, not only when a deployment is an aspect of clinical attention.

Relational Cultural Theory (RCT) is a supplementary lens for this population (Jordan, 2010). RCT should not operate as a stand-alone orientation, but should lend itself to examining relationships in a clinical context. RCT is developmental in nature and posits individuals grow through and toward connections with others. RCT asserts the development of relationships occurs within the context of cultural factors.

### **Conclusion**

The young adults who experienced parental deployments experienced a childhood marked by difficulties and opportunities for growth. Utilizing EST to understand the potential long-term effects of their experiences, several components of this population emerged.

Parents' deployments and growing up in a military family played an important role in the participants' upbringings. Participants identified four domains that best encompass their experiences: a) factors impacting relationship with dad, b) deployment cycle, c) military culture, d) changes in perspective. These domains define the salient aspects of the deployment experience as well as important relational factors. These domains also serve as a lens to better understand the current parent/child relationship and the impact of the military on their present-day lives. Perhaps most importantly, this study provided a deeper understanding of a population whose childhoods were shaped by military interventions at the beginning of the 21<sup>st</sup> century.

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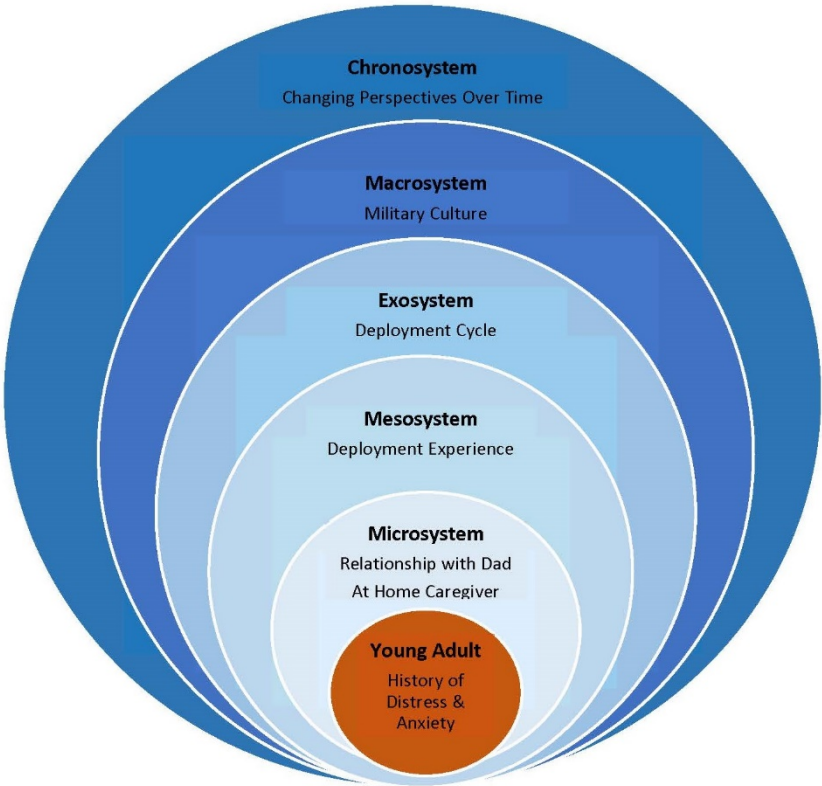


Figure 1. Emergent Themes within an Ecological Systems Theory (EST) Model.



Table 1. Participant Demographics.

Participant Branch	Gender Active/ Reserve	Age(s) at Parent On(1) or Off (2)	Current age	Ethnicity	Deployed Parent Gender	Deployment Lengths	
1 Active	Female Enlisted	2, 5, 6, 6, 1, 2, 2, 2, 7, 8, 10 2, 2, 2	25	Caucasian	Male	2, 2, 1, 1, 6, 6, 1	Air Force
2 Active	Male Officer	13, 14, 15 2, 2, 1, 1, 1 16, 18	23	Latino	Male	9, 12, 10, 10 9	Air Force
3 Active	Female Officer	12, 13, 17 2, 2, 2	24	Caucasian	Male	6, 6, 4	Air Force
4 Active	Male Enlisted	7, 8, 10, 12 2, 1, 1, 1	24	Caucasian	Male	2, 6, 1, 6	Air Force
5 Reserve	Female Enlisted	8, 12 2, 2	24	Caucasian	Male	12, 6	Air Force
6 Active	Male Enlisted	5, 9, 11, 13 1, 1, 1, 1	23	Caucasian	Male	4, 4, 4, 2	Air Force
7 Active	Male Enlisted	6, 12, 16 1, 1, 1	25	Caucasian	Male	6, 9, 6	Army
8 Active	Female Officer	7, 9 1, 1	19	Caucasian	Male	6, 8	Air Force
9 Active	Female Enlisted	3, 8, 10, 13 1, 1, 1, 1	24	Caucasian	Male	6, 6, 8, 4	Army
10 Active	Female Enlisted	3, 15 1, 1	25	Caucasian	Male	18, 12	Air Force

Table 2. Domains and Categories that Emerged during Data Analysis.

Domain	Category	Frequency of Response
Factors Impacting	Communication	Typical
Relationship with Dad	Dad's Personality	Typical
	Dad's Involvement with Children	General
	Dad as a "friend"	Variant
Deployment Cycle	Shifting Family Events	Typical
	Deployment is Hard for the Family	Typical
	Deployment Shifted Routine of the Family	General
	Experience of Distress/Anxiety	Typical
Military Culture	Transience in Personal Relationships	Typical
	Dad's Absence Became Routine	General
	Sacrifices	Typical
	Military Values	Typical
Changes in Perspective	Reflecting on the Past	General
	Understanding the Present	Typical