THE IMPACT OF REINTEGRATION ON FAMILIES OF RESERVE AND NATIONAL GUARD COMBAT VETERANS RETURNING FROM WAR: FINDINGS AND CLINICAL IMPLICATIONS

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ABSTRACT

A review of literature, coupled with years of personal clinical experience treating combat veterans, particularly those serving in National Guard and Reserves, indicates a dearth of research on the impact repeated combat deployments have on veterans in their family relationships. Reintegration problems are too often manifested as work/life readjustment stress, family role adjustment issues, relational dysfunction, child neglect and abuse, and domestic violence. These pressing problems highlight the need for greater focus by behavioral health, healthcare, federal agencies and other non-governmental organizations to create reintegration protocols and programs that enable combat veterans to more successfully reintegrate within their marital and family relationships. This qualitative study utilized a single case-study approach to explore spousal perceptions of marital and family relationship disturbances resulting from repeated combat deployment and reintegration of long-term active-duty service members. Although based on the responses from one military spouse, four themes emerged from this study that are likely to be common for other spouses and families who live through repeated deployment cycles: choice, progression, adaptability, and acceptance. Based on these thematic findings, there must be a greater focus on feedback, insights, and constructive suggestions directly from service members, their spouses and children as related to coping more successfully with repeated deployments and reintegration cycles. The results of this research are expected to be useful for military officials, governmental agencies, counselors, educators, and other mental health service providers who engage with this at-risk population of service member and their families about more effective educational and treatment options that can improve comprehensive services.

DEDICATION

It is estimated that one military veteran commits suicide every 65 minutes, accounting for 16% of all suicides in the United States. This must change. I dedicate this dissertation to those who are currently serving our country, and to those who have fallen—whether it be in combat, while preparing for combat, or as a result of the many challenges that can ensue in service to our country. President Joe Biden said it best during his 2021 Veterans Day speech:

> *We have many obligations, [but] one truly sacred obligation is to properly prepare and equip those who we send into harm's way and care for them and their families while they're deployed and when they return home. This is a lifetime, sacred commitment. It never expires.*

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CHAPTER ONE: INTRODUCTION

Over the past 12 years, more than two million military service members from the Army, Navy, Air Force, and Marines, have served in Operations Enduring Freedom, Iraqi Freedom, and New Dawn, resulting in over three million deployments to these Middle Eastern theaters of war (Paley et al., 2013). Statistics released by the Office of the Deputy Under Secretary of Defense (2011) indicate that more than half of all service members are married, and there are approximately two million children in military families.

In my role as a Military and Family Life Counselor (MFLC) serving combat veterans returning from these Middle-Eastern theaters of war, I have developed a real-world (often real-time perspective) of the post-combat impact. As an MFLC deployed to Landstuhl Regional Medical Center in Kaiserslautern, Germany, I served alongside chaplains and behavioral health staff providing support and counseling to combat veterans—many evidencing post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI). Indeed, through interacting with them I was confronted with a range of physical, emotional, psychological, and spiritual signs of the impact of post-combat related engagement. These challenging, diverse, and often-horrific encounters heightened my interest to better understand the myriad issues that military personnel and their families face during the deployment cycle (pre-deployment, deployment, post-deployment, and reintegration).

In particular, the stress and anxiety associated with deployments, especially in warzones, compounded by the resulting issues that many combat veterans face upon their return, are beginning to be scrutinized more comprehensively—and deservedly so. Accordingly, my experiences counseling veterans and their families have further intensified my interest in

researching the experiences and determining the impact of multiple combat deployments on marital and family relationships upon reintegration.

Context for the Study

Men and women join the military for many reasons, including career progression, a desire to serve one's country, the military's focus and structure, education, health benefits, decent pay, and travel. Some even enter the military out of desperation or as a last resort to escape from dysfunctional family-related issues, including trauma. Depending on their reasons for joining, the transition from civilian to military life can be difficult. Indeed, not all are fully aware that once they raise their right hand and take the oath to serve and protect the U.S. from all enemies, foreign and domestic, and sign their service contracts, their lives are no longer fully their own.

The Deployment Cycle

One constant that many military personnel and their families will experience is the deployment cycle, which involves pre-deployment, deployment, post-deployment, and reintegration. Depending on that individual's role, the deployment cycle represents an ongoing and major part of military life and service. Although this cycle varies in terms of length, frequency, and deployed numbers among the service branches, the U.S. Army, Marines, and Navy have the highest deployment rates. An additional deployment-related factor is whether the U.S. is involved in ongoing conflicts on foreign soil.

Pre-deployment refers to preparing military personnel for assignments overseas—whether to an active war zone or to a less dangerous assignment. During this phase, service members engage in their daily job duties as well as normal training, medical evaluations, and the required maintenance of their unit's readiness levels. As this phase winds down, service member

units will be alerted for possible deployment and receive orders to mobilize (Military.com, 2021). This phase ends when service members (SMs) depart their home installations for operational destinations.

According to Military.com (2021), the term **deployment** refers to activities required to move military personnel and materials from a home installation to a specified destination. Beyond the daily service member routines while on installation, deployments for them and their families engender another level of stress and anxiety. Deployment corresponds to the actual boots-on-the-ground phase in the designated area for various periods of time, ranging from 30 days to more than a year. This phase is characterized by SMs performance of military duties within the theater of operations, overseas, or in the United States. It should be noted that with the reduction in active combat situations, some branches are seeking to reduce deployment lengths. For example, the Army has gone from 18-month assignments to shortening those deployment periods to the six-to-nine-month zone. In preparation for deployment, active duty military service members must put their personal affairs in order, which typically includes setting up a power of attorney, writing a will, establishing well-understood financial plans, and determining emergency contact procedures, to name a few (Center for Deployment Psychology, 2013). The deployment cycle, according to Paley et al. (2013), is not solely confined to the period of physical separation but includes an ongoing process during which service members and their families must anticipate and prepare for the impending departure.

Once in-theater operations are complete, SM units pack up and return to their home installations and begin the **post-deployment** phase, during which service members prepare to reintegrate to their normal lives and job duties. During both the post-deployment and

reintegration phases, SM units may require combat veterans to participate in post-deployment briefings, training, medical evaluations, and counseling (Military.com, 2021).

The **reintegration** phase, the last part of the deployment cycle, is characterized by service members returning to their families, the community, and job duties within their respective military units. Some who choose to leave the military after being deployed may transition to the civilian workforce, which can be particularly challenging for some who are accustomed to the structure of military service. Military veterans who do transition to civilian life can face poorly defined job duties or employers who do not understand the potential level of stress the veteran experienced while deployed (Dexter, 2020).

All too often, deployments can be characterized by stress, violence, and even bloodshed. It is understandable, therefore, that the process of reintegration for these combat veterans can be very challenging. Not knowing whether they will return home (or in what condition) is stressful for all involved, but particularly for those deployed for the first time. Combat veterans who serve this country can and do return home with a range of wounds and/or challenges, which can be physical, psychological, or emotional—or all at the same time. Typically, the treatment protocol for returning veterans suffering from PTSD and other physical, mental, and emotional injuries includes case-management services by social workers and medication management (e.g., Kime, 2019; Watkins et al., 2018). While this approach helps many, too often combat veterans indicate that the post-deployment reintegration protocol offered by the military is insufficient, poorly planned, and/or is not sustained to the extent that is needed (Reisman, 2016). Moreover, prescribed medications can do little to help the mental and emotional state of returning combat veterans (Reimann & Mazuchowski, 2018). Exacerbating the problem is that once combat veterans return to the US, many talk about feeling unprepared for dealing with the impact of war-

related changes, which is a perspective that family members also express (Karney & Crown, 2011; Schnittker, 2018).

The literature underscores a significant need for more in-depth information and research to address why active-duty service members who experience repeated combat deployments are at risk for disruption in their marital and family relationships upon each reintegration (e.g., Currie et al., 2011; Elnitsky et al., 2017; Marek & D'Aniello, 2014; Marnocha, 2012; Paley et al., 2013). To help clinicians better understand the impact of combat deployments on marriage and family relationships, this qualitative study will be guided by two theoretical perspectives: Minuchin's (1974) family systems theory (FST), and Bronfenbrenner's (1979) social ecological systems theory.

Theoretical Perspectives Guiding This Study

Family Systems Theory Perspective

Family systems theory (FST) has its origins in the 1960s, principally with the work of Jay Haley, Salvador Minuchin, Murray Bowen, and Virginia Satir (de Roiste, 2006). Briefly, these researchers defined the family as a system whose functioning as a unit cannot be disassociated from the behaviors of its members. De Roiste cited Minuchin's (1974) definition of family as a "system, i.e. a dynamic unit consisting of an organization of interdependent, coordinated elements (family members) who influence each other directly and indirectly" (p. 2). Minuchin is generally considered to be the father of structural family therapy, whereby a therapist will seek to understand family dynamics, determine the relationships between subsets of the family, and overcome dysfunctional relationships within the family so it can stabilize for the benefit of all.

Pott (2016) described six important principles of FST: (a) a family system should be considered as a fluid unit, such that when something happens to one member it impacts the other

members; (b) a family is made up of subsystems that must be considered when devising therapeutic approaches; (c) there are boundaries surround both family subsystems and the family unit with rules that govern them; (d) interaction patterns between individuals and subsystems are circular, not linear; (e) a family system has features that seek to maintain the unit's equilibrium or stability so that when something occurs to alter family patterns, the family seeks a return to the former stable state; and (f) families are always in flux.

Paley et al. (2013) applied the family systems perspective as a means of understanding of the myriad changes and complex nature of military family deployment experiences, primarily focusing on the interrelatedness of individuals and relationships within families. Similar to Potts (2016), Paley et al. indicated that the family systems perspective makes three assumptions: the whole family is greater than its parts, individual members continually impact each other, and individual members should be understood from the perspective of the whole family unit. Reinforcing this study's theoretical underpinnings, Paley et al. noted that the "wear and tear of multiple and frequent deployments is likely to take a toll on even the most robust of military families" (p. 261). The researchers concluded by stressing that mental health providers must be well prepared to support those in the military and their families in the face of extended separations, upheavals in family routines, and the looming threat of injury or even death.

When viewed from a family systems perspective, if the service member is stressed about the deployment or other aspects of service life, it will have a ripple effect on the other family members. Such dynamics are especially significant for military families during the deployment cycle. Moreover, combat veterans returning from war and dealing with physical, emotional, and mental wounds are likely to have an impact on the family unit in terms of marital stresses and strained relationships with children.

Social Ecological Theory Perspective

American psychologist Urie Bronfenbrenner (1917-2005) is perhaps most well-known for his ecological systems theory (EST), which is often used to understand how the innate characteristics of children, coupled with how they interact with their environment, will impact how they develop (Bronfenbrenner, 1977). His five structural systems (microsystem, mesosystem, exosystem, macrosystem, and chronosystem) are interrelated, with one impacting the other. Bronfenbrenner and Morris (1998) later expanded EST to include not only within-family interactions, but also focused on the importance of "the larger systems within which military families are embedded" (p. 247), which later researchers described as the social-ecological model. Given EST's emphasis on the impact of environmental influences on child development, it provides a theoretical baseline for research and practice protocols associated with SM reintegration.

Paley et al. (2013) investigated military families using social ecological perspectives to determine the extent to which deployments can strain both marital relationships and parent-child relationships, concluding that the impact of deployment can reverberate throughout the family unit. Similarly, Elnitsky et al. (2017a) applied ecological systems theory to the military in their study of veteran reintegration, which they defined in the following way:

> . . . both a process and outcome of resuming roles in family, community, and workplace that may be influenced at different levels of an ecological system. It is dynamic, personal, culturally bound and psychosocial in nature, involving interaction between the individual and the environment. (p. 114).

Although stressing that "most SM reintegration literature is linked to individual-focused theories about transition" (Elnitsky et al., p. 114), the authors asserted that SM reintegration occurs across

four dimensions of influence: societal, community systems, interpersonal, and individual (see Figure 1). For this study, the individual and interpersonal dimensions are of primary importance.

According to the "individual" level of the SM reintegration process, five elements will play a role in helping with reintegration processes: psychological, physical, demographics, culture, and productivity (Elnitsky et al., 2017a). As noted, combat veterans face a number of challenges throughout the deployment cycle—most notably PTSD, separation from family, and physical, emotional, and psychological stresses. Physical health issues such as PTSD and TBI), perhaps coupled with the effects of bodily injuries, are known to be associated with "significant physical, cognitive, psychological, and interpersonal distress and/or impairment and disability" (Elnitsky et al., p.117).

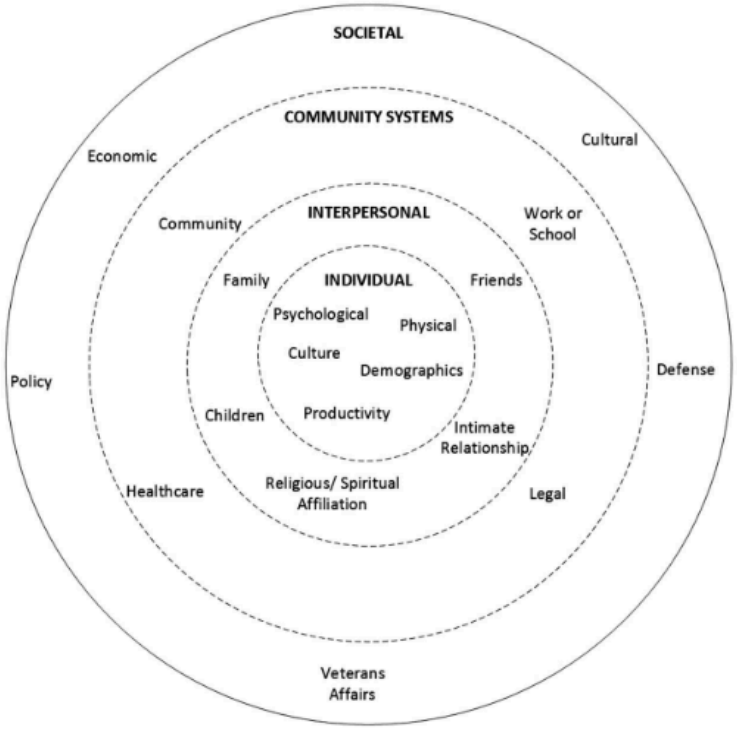

Figure 1. Ecological Model of Military Service Member and Veteran Reintegration (from Elnitsky et al., 2017a).

However, the effects of war do not end once veterans return home. In many cases they are just beginning, especially if the service member has experienced multiple deployments. In fact, Elnitsky et al. (2017a) stated that multiple combat deployments are linked to increased mental health issues and problems with coping. Further compounding their reintegration process is when the veteran returns home and must reestablish relationships with family members, which can require, for example, adjusting to redefined parenting roles.

On the interpersonal level (the second of the concentric circles in Figure 2), relationships between service members and their family members, friends, and fellow service members are the primary focus. One of the principal challenges for military families is to renegotiate their family roles. When one parent is deployed, the interpersonal dynamics among family members can shift significantly (Elnitsky et al., 2017a). Moreover, Creech et al. (2014) reported that children with a deployed parent are more likely to experience behavioral and emotional difficulties. Thus, it should come as no surprise that returning combat veterans often face problems in adjusting to domestic routines after years of service in the military. Elnitsky et al. also reported that the added stress from mental and physical health issues can negatively impact spousal and intimate partner relationships during reintegration.

In their 2013 study, Paley et al. proposed that using both FST and social ecological perspectives can be utilized in describing how:

> (1) deployment reverberates throughout families, affecting not just the service members, but spouses/partners and children as well; (2) pathways by which deployment may impact families; (3) how deployment experiences may interact with both normative and non-normative transitions; (4) how the effects of these experiences may be moderated by contextual factors; and (5) areas in need of further investigation. (p. 247)

Accordingly, this study was designed to incorporate those two theoretical perspectives toward a greater understanding of how military deployments can compromise the well-being of both the SF and their families.

Statement of the Problem

Most research and services offered to returning combat veterans focus on combat-related injuries like PTSD and TBI and do not fully address the range of both subtle and overt disturbances to interpersonal relationships (e.g., Karney & Crown, 2011; Reisman, 2016; Schnittker, 2018; Watkins et al., 2018). A review of the literature on how repeated combat deployments impact family relationships upon reintegration reflects a dearth of research on this issue and the other challenges they face. These reintegration challenges can be especially difficult for combat veterans who must grapple with a range of physical, mental, and emotional injuries stemming from their battle engagement—most notably PTSD. Other challenges reflected in U.S. Army RESET Guide for Professionals (2010) include traumatic brain injury, depression and anxiety, alcohol and substance abuse, suicide ideation, domestic abuse, child abuse and neglect, and grief and loss. These serious, often sudden, changes impact family members too. Unfortunately, during my counseling interactions (also upheld by other anecdotal reports), many veterans and their family members have indicated that military pre-deployment and post-deployment briefings are inadequate in preparing them for real-time combat-related changes and experiences (e.g., Coppola et al., 2020).

The literature underscores a significant need for more in-depth information and research to address the myriad challenges that veterans and their family members face; for instance, Kime (2019) reported that for the year 2018, suicide rates among active-duty military personnel were at record high levels. According to the U.S. Army RESET Guide for Professionals (Leidy et al.,

2010), some of the more urgent challenges and adjustments that returning veterans face are related to mental health issues, restoring co-parenting, and learning to communicate again. In particular, the latter is a prevalent problem since the optics of combat communications are significantly different than communications within the family.

Military personnel who experience repeated deployments are at risk of returning as changed individuals—and more so if they experienced war-related trauma. The change may come as a shock to family members and can impact the reintegration process for all involved. Research findings by Leidy et al. (2010) indicate that the first three months of the reintegration process are the most stressful, with the pre-deployment and mid-deployment stages being equally stressful. As an indicator of the severity of this issue, the authors also found that 47% of spouses reported difficulty in the reunification adjustment process (Leidy et al.).

Paley et al.'s (2013) findings support the earlier research of Leidy and colleagues (2010), stressing that the challenges of repeated and prolonged combat deployments can also take their toll on families. For example, researchers have reported that increased emotional stressors such as high rates of anxiety, sadness, anger, and somatic problems can occur among the spouses/partners of deployed service members (Wexler & McGrath, 1991). Additionally, Mansfield at al. (2010) indicated that the use of mental health services is likely to increase among the partners of service members during periods of deployment.

Given a growing number of reports describing the negative spillover effects of military deployments on family members, there is a pressing need to understand this problem, as well as how enhanced mental health support/services can be provided to all those impacted by the deployment. Therefore, a qualitative, single case study will be implemented to identify nuanced family relationship disturbances that members (and potentially veterans) may experience.

Purpose of the Study and Research Questions

The purpose of this study is to explore the lived experiences of one participant whose spouse (also co-parent to X number of children) served repeated combat deployments and experienced marked family relationship difficulties upon each reintegration. The rich, detailed findings that are possible with a qualitative single case study design maybe useful in informing counselors who seek to provide effective services to this important population.

This study will be guided by two research questions:

1. What are the spousal perceptions of marital relationship disturbances that result from repeated combat deployments and reintegration cycles of long-term active duty service members?
2. What are the spousal perceptions of parenting relationship disturbances that result from repeated combat deployments and reintegration cycles of long-term active duty service members?

Augmented by current process-oriented research findings, the qualitative data that emerge from responding to those questions is expected to provide a more nuanced understanding of the emotional impact of the deployment cycle. Additionally, it is hoped that the findings uncovered by this investigation may help to guide researchers and clinicians better serve our returning service members and their families.

Definition of Terms

Deployment cycle: The deployment cycle, which most service members and their families will experience throughout their military service, consists of four distinct phases: pre-deployment, deployment, post-deployment, and reintegration. According to Long (2020), the phrase "deployment cycle" is used to describe the entire deployment process, encompassing

everything from the initial deployment notification through the period when a service member returns home. Deployment cycles will vary in intensity and length depending on the military branch and the existence of active combat situations. For example, a Navy sailor may be deployed on a ship at sea for six months or more depending on mission needs. A Marine experiencing an overseas mission may deploy for as little as three months to more than a year. An Army soldier deployed overseas could be in that duty station from six months to more than a year (Long, 2020).

Reintegration. Reintegration is the process/phase during a service member reenters family and community life and assumes their regular military job functions. Elnitsky et al. (2017b) argued that the concept of reintegration is a multi-dimensional phenomenon influenced by multiple domains, including individual factors (i.e., health condition), interpersonal relationships, community systems (i.e., use of a specific service), and societal structures. Based on these components, the authors defined SM reintegration in the following way: "as both a process and outcome of resuming roles in family, community, and workplace which may be influenced at different levels of an ecological system" (p. 2).

Combat veterans. In the simplest terms, a combat veteran is a service member of any branch of the U.S. military who served in a theater of combat. According to the Department of Veterans Affairs (VA), a combat veteran will have experienced hostilities of any level or engaged in an action of enemy combatant for a certain duration as a result of friendly, defensive, or offensive fire military action—regardless of whether the hostility involves a perceived or real enemy, or occurs in a post- or pre-determined combat proceeding (VA.org., 2018).

Family system. The term "family system" is a "dynamic unit consisting of an organization of interdependent, coordinated elements (family members) who influence each

other directly and indirectly" (de Roiste, 2006, p. 2). Thus, the nature of a family system is dependent upon the ways that family members interact, their distinct roles within the family, and their individualized relationships with each other and the larger family unit.

Overview of Methodology

A qualitative approach will be used to explore the lived experiences of participants to increase knowledge regarding a phenomenon of interest (Creswell, 2009) This qualitative study will utilize a case study approach toward the identification of nuanced family relationship disturbances that service members may experience post-deployment. Designing and implementing a qualitative case studies is a common approach for generating detailed information about a real-life issue or phenomenon (Crowe et al., 2011). According to Cronin (2014), case studies are employed for generating information about individuals, groups, communities, or situations. Researchers who deploy a case-study approach gather evidence from interviews, observations, archival data, case studies, field work, or any combination of these approaches (Yin, 1981). Importantly, case studies are also used to illustrate how methodologies or theories play out among one or more group(s) of interest. Case studies allows one to explore a specific phenomenon more deeply (Cronin, 2014).

This case study will explore the lived experiences of a participant whose spouse served repeated combat deployments and experienced family relationship difficulties upon each reintegration. Specific interview methods, and a timeline for data-collection and transcription are detailed in Chapter 3. Once data saturation has been reached, the affective methods emotion coding approach based on Saldana's (2016) will be used to analyze and code the data. Open and axial coding analysis will be used to determine overarching themes from the transcriptions.

CHAPTER TWO: REVIEW OF RELATED STUDIES

Context for the Study

"Multiple deployments are common among military personnel who served in Operation Enduring Freedom and Operation Iraqi Freedom and are associated with greater posttraumatic stress symptoms" (Interian et al., 2014, p. 90). Moreover, active duty service members who experience repeated combat deployments are at risk for having their relationships with family members negatively impacted upon reintegration—and sometimes with devastating consequences. The purpose of this study is to explore the lived experiences of a participant(s) whose spouse served repeated combat deployments and experienced marked family relationship difficulties upon each reintegration.

The rich, detailed findings that are possible with a qualitative phenomenological design, even one that uses a single case study, can inform counselors' understanding of the impact that repeated combat deployments and reintegration experiences can have on marital and family relationships. Counselors who are aware of, and sensitive to, the issues, concerns, and needs of combat veterans, their spouses, and children are likely to be more adept at serving this important, at-risk population.

Phenomenology represents a foundational approach for conducting qualitative research in that it focuses on the lived experiences of a group of interest to identify commonalities (Smith, 2018). In describing the basic tenet of phenomenology, Creswell and Poth (2018) also emphasized that in order to achieve a more nuanced understanding of the essence of a phenomenon of interest, the qualitative researcher must delve deep into the lived experiences of individuals.

This chapter provides a critical assessment of relevant related studies from two perspectives. First, a review of the literature as it relates to combat reintegration from a broader social ecological perspective is presented. Then, this chapter focuses on studies related to a family systems perspective and the impact of multiple combat deployments and reintegration on marital and family relationships.

Purpose of This Study

The goal of this investigation is to develop a thorough understanding of the range of problems that service members experience, and how those emotional, physical, and psychological issues can impact the lives of their spouses and children. A secondary goal is to determine what the literature indicates are the most effective deployment and reintegration interventions, which can then inform mental health clinicians who work with this population. Knowledge of the contextual domain for this study will be enhanced by considering the cumulative data and analysis of credible, documented research articles. Articles published in peer-reviewed journals will help to strengthen the foundation of this study by providing an enhanced perspective of the issues associated with the cycle of deployment and reintegration for service members and their family members. The details of selected significant publications will be highlighted in this chapter for better comprehension of the complex and varied factors associated with the impact of repeated deployments and reintegration on combat veterans and their family members. It is expected that the review of literature will shed some light on the problems associated with deployment/reintegration. Accordingly, this study will guided by the following two research questions:

1. What are the spousal perceptions of marital relationship disturbances that result from repeated combat deployments and reintegration cycles of long-term active duty service members?
2. What are the spousal perceptions of parenting relationship disturbances that result from repeated combat deployments and reintegration cycles of long-term active duty service members?

Overview of the Problem

The events of September 11, 2001, are pivotal in providing a context for this study of the stresses and potential consequences of deployment and reintegration among service members and service veterans. Following the 9/11 terrorist attacks, the United States military engaged in the longest war in modern history, which included combat deployments during Operation Enduring Freedom in Afghanistan, Operation Iraqi Freedom, and Operation New Dawn.

According to the latest Department of Defense (DoD) (2013) statistics, more than two million troops were deployed in these three fields of battle. Of that number, 1.3 million were full-time active duty service members. Approximately 55.2% were married, 42.8% had two or more children, and 5% were single parents. More than 800,000 of the two million deployed were members of the Reserve and National Guard. Of these units 45.9% were married, 42.5% had children, and 9.3% were single parents. Additionally, 48% of active duty service members with children were deployed two or more times.

According to Bello-Uto and DeSocio (2015), all three of these military operations were distinct from prior wars in which U.S. played a role by extended, diverse, and repeated deployments. The authors also reported that these three fields of battle shared certain elements: high rates of death, injury, and complex trauma; and, repeated and extended deployments with

increased possible exposure to trauma. The research studies summarized in this chapter highlight the extent to which repeated deployments and reintegration cycles can be hugely stressful—not only the service member, but also for their spouses and families. Moreover, given the fact that military service members continue to suffer from disproportionately high suicide rates (Kime, 2019), war-related trauma continues to be a challenge for the social and mental health service providers who seek to help this population.

Social Ecological Perspective and the Military

This section of the literature review explores combat reintegration from a broader social ecological perspective. In addition to the level of war-related trauma that the SM experiences (notably PTSD and TBI), other factors impacting the degree to which service members are able to transition "successfully" from military to civilian life include (principally) community and military support and levels of government (DoD and VA) and nonprofit agency support. Because the social-ecological model considers the complex interactions between societal factors, the individual, organizations, the community, it has been used to investigate a wide range of personal and public health issues. This review of the literature focuses on the military associations of the social-ecological model, as seen in the research of Elnitsky et al. (2017), Marek and D'Aniello (2013), Sawyer et al. (2011), Knobloch et al. (2013), Karney and Crown (2011), Currie et al. (2011), Bello-Uto and DeSocio (2015), and Marnocha (2012).

In their qualitative study of the reintegration of veterans and military service members, Elnitsky et al. (2017) conducted a meta-analysis of 1459 articles published over a 25-year period (1990-2015). Based on their exclusion/inclusion criteria (e.g., as understood by post 9/11 service members and service veterans), the authors eventually whittled down that sizable body of literature to 117 publications; they then qualitatively analyzed those articles in order develop (a)

a unified definition of reintegration that would guide future research, clinical practice, and therapeutic protocols, and (b) identify key stressors and needs associated with the reintegration process for service members and service veterans. As an indication of the growing importance of the topic of military reintegration, the authors determined that more reintegration research had been published over the last five years (n = 373) than during the prior 10 years combined (n = 130).

Overall, Elnitsky et al. (2017) determined that the assessed studies lacked a single comprehensive representation of reintegration amongst service members; instead, prior researchers tended to look at reintegration from a one-dimensional, individual perspective. In response, the authors argued that the concept of reintegration is a multi-dimensional phenomenon influenced by multiple domains, including individual factors (i.e., health condition), interpersonal relationships, community systems (i.e., use of a specific service), and societal structures. Based on these components, the authors defined service member reintegration in the following way: "as both a process and outcome of resuming roles in family, community, and workplace which may be influenced at different levels of an ecological system" (p. 2).

Elnitsky et al. (2017) examined four key reintegration domains (individual, interpersonal, community organizations, and societal factors) with the intent of (a) identifying elements that could impede successful service member reintegration, and (b) determining facilitators that might augment effective reintegration. The authors examined the term "reintegration" and other similar terms like transition, readjustment, and community integration and identified trends in their use over time. The authors reported that, in total, eight different reintegration measurement

instruments were deployed in these various studies to collect data about the challenges and needs for reintegration among military personnel and veterans.

Once they determined their unified definition of reintegration, Elnitsky et al. (2017) sought to identify the key domains of reintegration. The authors applied three interrelated coding processes to each article to classify number and type of subjects, key findings, and categories or reintegration needs. Comparative analysis was used to conduct their concept analyses of reintegration and the related terms noted earlier. Next, the authors assessed a range of factors such as study design, setting, number and type of subjects, sample selection, and domains of measurement. Lastly, they examined articles that addressed challenges and needs self-reported by post-9/11 service members in the sample of articles.

Despite the use of different data-collection instruments, Elnitsky et al. (2017) identified significant similarities in these studies' findings. As a broad conclusion, their research data suggest that helping this population of military personnel and veteran successfully better cope with life stressors can contribute significantly to the reintegration process—if clinicians and practitioners consider the interconnected contexts of society, friends, family, and community. In contrast, the authors reported significant variance in how one domain level impacted the others; there were also discrepancies within the assessed articles in how the context of service member reintegration was conceptualized. Even the indicators described in the literature fall short of capturing the totality of the reintegration concept. The reintegration definition and the four domains that the authors evaluated can provide clinicians, health/social service organizations, and policymakers a clearer path to inform research and practice, laying a foundation that ultimately enhances reintegration processes and outcomes. The authors recommended that if future researchers intend to develop a comprehensive theoretical explanation for the challenges

and facilitators connected to service member reintegration, they must capture and assess the myriad dimensions and contexts of reintegration (Elnitsky et al., 2017).

From a clinical perspective, counselors and other behavioral health practitioners can apply the unified definition of reintegration in this study as a guide for assisting active duty service members and veterans to engage with peers and access other forms of social support. Utilizing these relationships and friendships can help clinicians build additional support networks to facilitate the reintegration process. As part of an overall reintegration treatment strategy, clinicians can use service member peer-related treatment and outreach groups, develop new and different physical and mental health programs that focus on singular interpersonal relationships of service members and veterans, and create resilience-enhancing protocols that strengthen relationships and coping skills that positively impact the reintegration process.

Dealing with shifting family roles and other reintegration-related issues can cause significant stress for returning service members and their families (e.g., Creech et al., 2014). In their review of how community mental health professionals can help military families deal with reintegration stress more effectively, Marek and D'Aniello (2014) emphasized that both spouses/partners and military children can be deeply impacted by various reintegration stressors. Specifically, their quantitative analysis of data obtained from 380 service members and 295 partners sought to determine the factors that contribute to more positive outcomes and reduced integration stress for reintegrating families.

The authors described how earlier research on the reintegration process indicated that deployment-related stressors might decrease during reintegration once the soldier returned to family and civilian society. However, current research indicates that reintegration problems such as role stress, confusion, and broader individual/family adjustment processes can last months and

possibly years following the return of the service member. Accordingly, Marek and D'Aniello (2014) sought identify specific factors that impact reintegration stress levels with the goal of working more effectively with reintegrating military families; these factors include readjustment to family life, becoming reacquainted, building communication, balancing childcare responsibilities, coping with the service member's mood changes, and finding new support resources. Importantly, the presence of PTSD represents another significant stressor on the reintegration process, especially if combined with physical injuries and impairments. And indeed, the authors developed their study's two research questions with a specific focus on how PTSD-related symptoms can predict stress and reintegration issues (Marek & D'Aniello, 2014). The authors hypothesized that even without formal diagnosis for PTSD, its associated symptoms can be correlated with increased levels of reintegration stress for both service members and their spouses or partners.

Marek and D'Aniello (2014) asked respondents who contributed to this study to indicate if the service member had been given a PTSD diagnosis (yes or no) and whether they felt they were experiencing PSD-related symptoms. Specifically, the authors utilized the Mental Health Index to determine the degree to which the service member felt nervous, happy, pessimistic, calm, and discouraged (using a scale from 1—none of the time, to 6—all the time). The researchers also asked the respondent if they felt those symptoms were in any way impeding their day-to-day functionality. Partners were also asked to evaluate their loved ones' mental health status. PTSD study results confirmed that approximately 15% of service members and 16% of their spouses/partners reported a clinical diagnosis of PTSD that resulted from their military service. However, a higher percentage of both service members (27%) and spouses/partners (32%) indicated experiencing PTSD symptoms. Distressingly, a full 70% of

those who took part in this study indicated that PTSD impacted their daily lives at a moderate level, while 22% indicated significant interference. Additionally, 88% percent of partners reported moderate interference in their service members' lives, while 12% reported significant interference. Not one partner in the survey indicated no impact at all of PTSD in their daily lives.

The Reintegration Stress Index (RSI) was used to assess the reintegration stress level of the service members (using 12 items) and their partners (using 7 items). The authors then applied multiple regression analysis to determine whether PTSD-related symptoms were significant predictors of variance in reintegration stress levels. When Marek and D'Aniello (2014) controlled for number of deployments, military branch, service rank, and time in the military, they found that PTSD symptoms accounted for 17% and 24% of variation of reintegration stress levels among service members and partners, respectively; thus, the presence of PTSD-related symptoms did predict increased levels of reintegration stress for both cohorts.

Marek and D'Aniello (2014) concluded that their findings "demonstrate that the presence of PTSD symptoms, self-reported mental health, and perceived mental health of their partner impact the reintegration stress levels of service members and partners" (p. 448). Moreover, the authors reported that service members and their family members do not generally believe that the civilian population can fully understand the stressors associated with deployment and reintegration, adding that treatment providers and clinicians should consider enabling multiple family process-oriented groups to mitigate this lack of understanding. The authors also stressed that clinicians should not assume that the reintegration process is a one-size-fits-all concept for military families, but to be aware of the significant variations in response to these stressors. To conclude, Marek and D'Aniello acknowledged that analyzing self-reported PTSD-related

symptoms represented a limitation in their study, and that future research should seek to employ more empirically valid and reliable measure of individual PTSD symptoms.

Prompted by a lack of research on community reintegration among service members outside formalized rehabilitation settings, Sayer et al. (2011) looked at the challenges associated with post-deployment community reintegration, targeted those using VA medical services. According to Sayer et al., the U.S. Department of Defense (DoD) requires military personnel from all service branches to complete reintegration programs prior to discharge. The authors also reported that although the DoD does not provide a standard definition for what reintegration entails, DoD reintegration programs generally emphasize the establishment of good interpersonal relationships, finding purpose in life, post-service schooling and/or employment, and the various benefits available to the service member (e.g., healthcare and housing). As a working definition, Sayer et al. used results from a prior study (Sayer, et al., 2010) and the earlier research of Dijkers (1998) to characterize community reintegration being able to actively take part in family and community life, being able to accomplish expected roles and responsibilities, and "being an active and contributing member of one's social group and society as a whole" (p. 2).

The principal objective of Sawyer et al.'s (2011) quantitative research study was to examine the development, reliability, and construct validity of scores on the Military to Civilian Questionnaire (M2C-Q), which is a 16-item self-report measure using a Likert-type scale designed to determine the reintegration challenges that service members face within their post-deployment communities. Their study's findings were based on the responses of 745 Afghanistan and Iraq veterans who utilized VA medical care and services. In addition to describing the M2C-Q factor structure, item characteristics, reliability and scoring, Sayer et al. assessed construct validity by determining the degree to which the M2C-Q scores were linked to

(a) difficulties in readjusting back into community life, (b) the overall mental health of the service member, and (c) any linkages among those diagnosed with PTSD and problems with alcohol and drug use. The authors also described two secondary objectives associated with this investigation: (a) to look at any differences in scale psychometric properties according to diagnosed PTSD screening results (likely PTSD versus no PTSD), and (b) to identify any demographic variations in M2C-Q scores that might be useful to future investigators. With respect to the first sub-objective, the authors wanted to determine with greater certainty whether the M2C-Q was a useful assessment tool to use with service members without a PTSD diagnosis who nonetheless evidenced community reintegration challenges.

Sayer et al. (2011) used secondary data from a prior study that looked at post-deployment reintegration issues and treatment needs among service members (Sayer et al.; 2010). Of the 1,500 veterans randomly recruited for the 2010 study, data from 745 combat veterans from Operation Iraqi Freedom and Operation Enduring Freedom were used to assess the validity of the M2C-Q instrument with respect to measuring post-deployment community reintegration difficulties. Utilizing explanatory factor analysis, Sayer et al. (2011) confirmed the potential usefulness of M2C-Q by researchers as a means of describing reintegration issues among returning military personnel—including personnel without a diagnosis of PTSD. Specifically, the authors found the M2C-Q to be a valid instrument for determining overall mental health, problems with drug or alcohol use, and post-military readjustment issues. Accordingly, incorporating the M2C-Q inventory as part of a clinical evaluation may facilitate better communication between clinicians and combat veterans with the goal of determining their specific reintegration challenges within their home communities and prioritizing treatment

objectives, as well as furthering our understanding of the effects of reintegration difficulties on health and behaviors of service members (Sayer et al., 2011).

It should be noted, however, that the authors' use of the M2C-Q for determining community reintegration difficulties among service members presents certain limitations. First, this study's findings were based on data from a relatively small sample (N=745) of veterans who received medical treatment at the VA. Thus, a follow-on study that deploys the M2C-Q for data-collection among service members who do not use VA services, or one that solicits data from veterans from other wars, should be conducted with the goal of confirming the validity of this instrument. Nonetheless, the M2C-Q inventory shows significant potential in measuring veterans' perceived difficulties in reintegrating into community life after deployment, and for difficulties with interventions, repeat deployments, other life events over time.

Like the related studies described thus far, Currie et al. (2011) also noted the lack of research describing the reintegration experiences of service members. Prompted by prior research describing the range of negative mental and physical health outcomes associated with deployment, Currie et al. studied the post-deployment reintegration experiences of military personnel utilizing a sample of 490 male and female Canadian Forces service members returning from deployment in Afghanistan. The authors focused on affective organizational commitment, a range of support factors, PTSD symptoms, alcohol consumption, and turnover outcomes during reintegration. For this study, Currie et al. defined reintegration as the process of transitioning military service members back into their personal, organizational, and larger societal roles following deployment.

Although the researchers conceptualized commitment as being affective (attachment to an organization in terms of emotional commitment), continuance (attachment to an organization

in terms of perceived costs of leaving), or normative (attachment to an organization in terms of perceived obligation to remain), Currie et al. (2011) focused on affective commitment and the degree to which a person is emotionally attached to the organization, identifies with the organization, and is involved with it. The authors noted that organizational and social support were key factors in increasing affective commitment, which could be fostered via both formal and informal support strategies. Examples of formal support include homecoming events such as parades or Yellow Ribbon events and debriefings that transition service members in ways that reinforce their deployment-related contributions, thereby increasing morale and commitment. Informal supports, such as social networks or supportive interpersonal relationships with coworkers and family, while less structured, can also meet the service member's support needs and impact one commitment level.

Five hypotheses guided this study: (a) there would be significant differences in the model for novice and experienced personnel, (b) coworker support via formal homecoming events and effective reintegration programs would be linked to increased affective commitment, (c) the support of coworkers would be associated with lower PTSD symptoms, (d) higher levels of affective organization commitment would be associated with decreased PTSD symptoms and turnover intentions, and (e) psychological strain (i.e., PTSD symptoms) would be linked to increased alcohol consumption and increased turnover intentions. Vis-à-vis their methodological approach, Currie et al. (2011) collected demographic information (i.e., gender, tenure, and work location) and other data from junior noncommissioned members of the Army, dividing the total sample of 490 into 231 novice personnel and 259 experienced personnel. Specifically, using a Likert-type survey, respondents had to indicate number of completed tours (novice or experienced), homecoming events attended, perceived supportiveness by service member

colleagues, effectiveness of formal reintegration support programs, PTSD symptoms (using the 17-item PTSD Checklist—Civilian Version), affective organizational commitment (using the Affective Commitment subscale, which is part of the Organizational Commitment Scale), alcohol use, and turnover intentions.

To reiterate, Currie et al. (2011) developed a quantitative model for determining the degree to which both informal and formal post-deployment supports factored into levels of affective commitment, the presence of PTSD symptoms, increased use of alcohol use, and turnover intentions. Subsequent data analysis found no differences between novice and experienced service members, and that the number of tours of duty was positively correlated with higher levels of affective commitment. The authors also reported that (a) coworker support was found to have a significant impact on affective commitment, (b) structured participation in homecoming events appeared to have little impact on affective commitment, (c) the availability of formal reintegration support programs was found to be beneficial and correlated to emotional attachment to the military, (d) there was a clear correlation between committed coworker support and reduction in PTSD symptoms over time, (e) higher affective commitment was correlated with both diminished PTSD symptoms and lower turnover levels, and (f) elevated PTSD symptoms tended to result in higher alcohol consumption and desire to leave military service.

Although the authors determined that their model was a good fit for the data, Currie et al. (2011) did note several limitations, such as the one-item measure of alcohol consumption measure, which may not have fully reflected the totality of alcohol use and abuse. Furthermore, the authors calculated the self-reported efficacy of a reintegration program rather than the existence of the program by itself. Nonetheless, their findings strongly advocate for a range of

both formal and informal reintegration resources and programs to support and foster the emotional and social well-being of service members.

In a subsequent study related to the postdeployment reintegration experiences of service members, Knobloch et al. (2013) implemented a quantitative approach to study the depressive symptoms, relational difficulties, and overall reintegration difficulties among military couples during post-deployment reintegration. The authors explored the differences in various interpersonal emotions (i.e., jubilation, relief, apprehension) and psychological issues (i.e., anxiety, depression, loneliness, sadness) experienced by service members and partners before and following deployments. This study highlights the susceptibility of service members and partners to depression, anxiety, PTSD, and relationship problems during the first six months of the reintegration process (Knobloch et al.).

Knobloch et al. (2013) analyzed results from a longitudinal study of data obtained from online questionnaires completed monthly for three consecutive months by 236 self-selected individuals who were part of 118 military heterosexual couples representing all branches of the military—although principally associated with the U.S. Army, Army National Guard, and Air National Guard. While their study's sample was diverse in terms of age and ethnicity, 84% of respondents identified Caucasian and all the couples had children; in total, 97% of the deployed service members were male. Serving as a theoretical framework, Knobloch et al. used the relational turbulence model (Knobloch & Theiss, 2010; Solomon & Knobloch, 2004; Solomon et al., 2010) to help determine why some military couples have trouble during the reintegration process. For data collection, Knobloch and colleagues deployed (a) the three-item version of the Mental Health Inventory (MHI-d) to measure participant's depressive symptoms; (b) the short form of the Knobloch and Solomon (1999) scales for assessing self, partner, and relationship

uncertainty, as well as partner interference; and (c) the Chandra et al. (2010) scale to quantify reintegration difficulty. Demographic data were also collected.

Three hypotheses guided this study: (a) the presence of depressive symptom would be positively correlated with reintegration difficulties, (b) the presence of any relational uncertainty would be positively correlated with reintegration difficulties, and (c) interference from partners would be positively correlated with reintegration difficulties. The authors defined depressive symptoms as including feelings of sadness, exhaustion, hopelessness, loneliness, hostility, and despair; relational uncertainty spoke to the degree of confidence people had in their perceptions of involvement within interpersonal relationships; and the occurrence of partner interference corresponds to when individuals hinder each other's ability to achieve everyday goals.

Their analyses resulted in a broad range of findings beyond supporting or disproving this study's hypotheses. For instance, women reported more reintegration difficulties than men, and at-home partners reported higher levels of reintegration difficulties and depressive symptoms in comparison to their returning service member partners (Knobloch et al., 2013). The authors did not identify any differences based on number of deployments, but they did report that participating in formal/informal programs or support groups to help military couples' post-deployment was found to reduce self-uncertainty, interference from partners, and reintegration difficulty. Another finding pertained to the number of days since partners reunited, in that the amount of time post-reunion was negatively correlated with reintegration difficulties (Knobloch et al., 2013).

Overall, Knobloch et al. (2013) identified a positive association between the presence of depressive symptoms, relational uncertainty, and interference from partners and reintegration difficulties. However, the authors noted that when a partner evidenced self-uncertainty and

relationship uncertainty, there appeared to be a negative correlation with an service member's reintegration difficulties, which the authors attributed (in part) to partners avoiding one another rather than nurturing connections. According to Knobloch et al., this study was the first of its kind to document how the depressive symptoms of returning service members and at-home partners correspond with their reintegration difficulties. Importantly for researchers and practitioners, the finding from this investigation confirmed that depressive symptoms have the potential to damage relationships, block productive communication channels, and erode relationship satisfaction—which then intensify the challenges of reintegration. They highlighted the importance of involving both members of military couples in mental health treatment and relationship skills training (Knobloch et al.).

In terms of limitations, Knobloch et al. (2013) noted that they did not consider the mental health of each individual prior to each couple's reunion, which could have impacted findings. Additionally, respondents (who self-selected for this study) included only married couples (and parents) who reported low levels of depressive symptoms, relational uncertainty, interference from partners, and difficulty with reintegration. As such, subsequent studies of this nature should seek a broader representation of military couples (e.g., couples without children, service members from other service branches, unmarried couples, dual-deployed couples, and more couples containing deployed women), as well as identify a study sample evidencing less self-selection bias to expand data results. To conclude, Knobloch et al. recommended that returning service members and partners develop realistic expectations as to what a post-deployment reunion is likely to entail in terms of both frustration and joy. They also stressed the importance of both service members and partners taking part in formal or informal reintegration programs, workshops, and support groups to improve reintegration outcomes.

The Family Systems Perspective and the Military

This section of the literature review addresses the impact of repeated combat deployments and reintegration cycles on marital and family relationships from a family systems perspective, which is based on family systems theory. Recall that FST originated with the work of a number of social scientists who defined the family as a system whose functioning as a unit cannot be disassociated from the behaviors of its members (de Roiste, 2006). This perspective highlights the interdependent connections of service members and relationships within their families (Paley et al., 2013).

Given the potentially devastating impacts of Middle-Eastern military service deployments (e.g., Kime, 2019), researchers have for some time been investigating how repeated and extended deployments in these theaters of battle have significantly impacted military marriages. This section of the literature review will focus on the research of Karney and Crown (2011) and Marnocha (2012). Karney and Crown analyzed military personnel records and deployment histories from the total U.S. military population to assess the impact of deployment time in Afghanistan and Iraq. Focusing on the extent to which repeated and extended deployments would put at risk the marriages of military couples at risk, the authors concluded that military marriages can be subjected to unprecedented levels of stress resulting from these military operations.

As the largest U.S. employer, the military is not only directly responsible for upwards of 1.4 active duty service men and women across the five branches (Army, Air Force, Navy, Marine Corps, and Coast Guard), but must also be concerned with the health and welfare of three million or more family members (Karney & Crown, 2011). As noted previously, 55.2% of military personnel are married, and almost 43% of them have two or more children. In terms of

deployment frequency, Karney and Crown determined that Army soldiers and Marines tend to experience more repeated and prolonged deployments with minimal down time between them compared to the other service branches.

In seeking to fill a gap in the literature on the impact of repeated and lengthy deployments and the potential risk of lethal damage to military marriages, Karney and Crown (2011) focused on three areas: (a) a review of existing literature on the effects of deployment on military marriages; (b) descriptions of the theoretical perspectives on how deployment stress could impact military marriages; and (c) a synthesis of SM personnel records for the entire U.S. military to assess length of time deployed and impact on military marriages. They also addressed five major reasons/issues that have resulted in gaps in the literature. First, many prior studies have focused on military families during the period of World War II (WWII), comprised of a majority male, all-volunteer population; thus, findings associated with this specific population of service members do not apply to today's military. Second, research on recent wars focused more so on general outcomes of military service as opposed to the impact of deployments on families and marriages; thus, any correlations between military service and marital outcomes were unclear. Third, research focusing on specific effects of deployment have been unreliable. Fourth, the prior studies they evaluated focused mostly on cross-sectional and retrospective data. Fifth, prior research studies have relied mostly on volunteer participants utilizing convenience sampling, which made evaluation of the sample relationships with the military population difficult.

As it relates to theoretical perspectives on deployment and military marriages, Karney and Crown (2011) found that previous research relied mostly on Hill's (1949) ABC-X model of family crises, also known as crisis theory. According to Hill's model, when a family faces a

stressful situation, they consider available resources, reflect on the way they interpreted stressors, and determine whether those stressors represented a challenge that could be conquered or a calamity that could be endured. As such, the family's way of dealing with crisis (X) would involve these three variables. However, Karney and Crown indicated that most of Hill's crisis theory was applied to civilian populations.

In applying crisis theory toward an enhanced understanding of deployment, the researchers discussed several hypotheses on how deployments could impact military marriages. First, crisis theory predicts that military couples experiencing deployment stress will be at greater risk for negative relationship outcomes compared to couples who are either deployed less or not at all. A second hypotheses focuses on deployment stress for spouses with children who bear the entire child-rearing and family-management responsibilities during a partner's deployment. The researchers reasoned that deployment would be more stressful for couples with children compared to those without kids.

A third hypothesis focuses on the range of external resources available to couples (e.g., professional mental health services (on base or off), the support of family and friends, and so forth) and how those resources can help them adapt and cope with deployment stress. Karney and Crown (2011) reasoned that military couples with the fewest resources would likely be less well prepared to adapt and cope with separation stress. The fourth hypothesis focuses on active duty versus reserve status service members and veterans and their differing reactions to deployment. The authors reasoned that reservists who are not employed full-time by the military would be less able to anticipate possible deployments, as well as receive minimal support from nearby military bases on an ongoing basis. Thus, those in the reserve would likely experience

higher levels of stress when deployed, which could then negatively impact marriages at higher rates in comparison to the active-duty counterparts.

As it relates to the current study, Karney and Crown (2011) discussed the importance of using survival analysis to assess the hypotheses regarding the impact of repeated deployments and the risk for divorce in military marriages. Using frequent surveys and tracking measures, this form of analysis enables one to interpret the data on an ongoing basis to ascertain the timing of marital dissolution (Karney & Crown). In using survival analysis for this study, the authors relied on data from marital and deployment histories for individual service members and veterans, beginning with the start of operations in Afghanistan and Iraq. Having access to this large number of records—and notably from both active and reserve component enlisted and officers from all branches—enabled the researchers to conduct a fuller investigation of the impact of repeated deployment stress on marriages.

With respect to demographic differences (ethnicity, age and marital status), the authors found that age and gender were significant factors in the rates of military marriages that ended in divorce. Specifically, service members who married when they were older were at less risk of their marriages failing compared to those who married at a younger age. The study also revealed that females service members—regardless of rank, branch affiliation, or active vs. reserve status—were at higher risk for marital dissolution than their male counterparts.

The results of their study also showed a direct correlation between length of deployment and risk of marital dissolution in 15 of the 20 models generated from the analyses. Thus, the longer service members were deployed while married, the higher the risk for marital dissolution. Additionally, couples who experienced marital difficulties prior to deployment were more likely to experienced heightened levels of marital discord during and after deployment and upon

reintegration (Karney & Crown, 2011). Similar to prior studies (e.g., Hoge et al., 2006), Karney and Crown concluded that extended time away from families only added to the stress of deployments, ultimately harming military marriages and leading to divorce.

In contrast, the study also revealed some positive impacts of deployments on military marriages, particularly amongst younger married couples. Enlisted personnel and officers from all military branches (including active and reserve components, and National Guard members) who married at a younger age benefitted more from deployments than their older counterparts. The specific benefits of deployments for younger married service members included opportunities for service members to put their training into practice, opportunities for career advancement, higher pay and thus more income for their families. This finding represents a direct contradiction to the authors' predictions.

Marital expectations were also found to impact how repeated deployments contributed to marital dissolution (Karney & Crown, 2011). Notably, in comparison to military couples who indicated that they were unprepared for the myriad effects of deployment, military couples who expected and prepared for the higher demands and variability of deployments were more resilient, better able to cope with separation, and had a reduced rate of divorce. Also, the degree of support and resources from military institutions and community organizations during deployment and reintegration were found to be significant contributors to resilience in military marriages (Karney & Crown). The limitations of this study is that the authors focused on a single outcome of military marriage (i.e., divorce) while the service member was serving in the military; the authors did not undertake a more longitudinal study—nor did they factor in those who separated but did not divorce.

At the point at which Marnocha (2012) published her qualitative study of the experiences of Army wives with issues of deployment, she estimated that more than one-and-a-half million troops had been deployed, with more than a third doing at least two combat tours; Marnocha also reported that as many as 70,000 service members/veterans had been deployed three times, and 20,000 of these individuals were deployed a minimum of five times. Thousands of these men and women have died, and tens of thousands have returned home with a range of permanent disabilities, emotional or psychological injuries, and physical wounds and ailments (Johnson et al., 2007).

Prompted by a dearth of research on the impact of repeated deployments on military spouses (given that most studies to date focused on the experiences of the service member), Marnocha (2012) examined how 11 military wives, aged 22-42 years, adapted and coped with deployments (the specific period from departure to return). Her qualitative study utilized semi-structured interviews and research questions guided by Meleis' (2010) transitions theory to highlight the state of transition and vulnerability experienced by spouses throughout the deployment cycle. Transitions theory incorporates five properties across the deployment cycle: awareness, engagement, change and difference, time span, and critical points and events. Themes were identified for each property: (a) predeployment with focus on the property of awareness, (b), during deployment, with a focus on the properties of engagement and change and difference, and (c) post-deployment with a focus on the properties of time span and critical points and events (Marnocha).

The property of awareness, which Marnocha (2012) linked to receiving news of an upcoming deployment, refers to a heightened understanding of what that transition experience is likely to entail. The author defined the property of engagement as the degree of personal

involvement in the deployment process. She described the property of change and difference during deployment as the degree to which the wives experienced emotional or physical turmoil, were able to remain resilient, and whether they reached out to others for help. Additionally, change and difference is linked to critical or precarious events or relationships disruptions, alterations in routines, and changes in identities and perceptions. The properties of time span and critical points and events are linked to post-deployment. Time span indicates the flow and movement over time, i.e., period of instability and distress, while critical points and events focus on increased awareness of change and greater involvement in the transition process (Marnocha, 2012).

As noted, Marnocha (2012) conducted in-depth interviews with 11 wives of Army Reserve service members; all were Caucasian and married to soldiers deployed more than once to Gulf War combat zones. Seven of them had one child at home. The wives had varying degrees of education, ranging from a high school diplomas to a master's degree, but in general were viewed as being well educated. She also reported that five of the wives were full-time, at-home mothers prior to their husband's deployment, but ended up getting jobs outside the home once their spouse deployed, while also serving as a single parent. Six of the service members had been deployed once, five experienced repeated deployments, and 10 service members engaged in direct combat. Even though their spouses returned from Iraq and Afghanistan deployments with no physical injuries, all 11 wives observed lingering emotional scars.

An analysis of the qualitative data resulted in two overarching themes that can be associated with the pre-deployment phase: emotional chaos and making preparations. During the emotional chaos phase, Marnocha (2012) reported that a wife will likely confront a wide range of feelings, including (to varying degrees) shock, disbelief, anger, resentment, irritability, and so

on—all of which could contribute to marital discord in advance of the deployment. The second theme, making preparations, refers to preparing for the deployment, which will be enacted differently for each partner. In advance of the deployment, making preparations can include getting legal, financial, and other household affairs organized. Marnocha (2012) stressed that a well-prepared family is likely to be more resilient once the service member is deployed.

Once the soldier is deployed, five other themes were found to be common among the interviewees: (a) taking the reins (assuming the role of primary caregiver and household manager), (b) placing the focus elsewhere (avoiding too much direct news of conflict in order to protect self and children), (c) emotional and physical turmoil (experiencing feelings of depression, anger, fear, anxiety, and so forth), (d) staying strong (effectively managing emotions and using a support system to be strong for family and spouse), and (e) reaching out (using a variety of communication channels and spiritual practices as coping mechanisms during the service member's absence) (Marnocha, 2012).

Not surprisingly, the wives in this study reported that they needed to be reminded to look after their own physical and mental well-being. These women offered a number of areas where they felt they could do better—and would counsel others in their situation to do the same. These general health recommendations included rationing news intake to reduce stress to themselves and their children, eating better, keeping calm, getting adequate sleep, maintain a strong support system, exercising, and making time for an activity that brings them happiness (Marnocha, 2012).

Marnocha (2012) also discussed two overarching post-deployment themes that emerged from her interviews: "absence makes the heart grow fonder" and re-establishing roles. In a positive vein, being deployed for extended periods of time increased wives' desire to spend

quality time when their spouse returned; many felt that being apart strengthened their marriage since they both realized what they had as a couple when it was not physically available for some length of time. In contrast, re-establishing roles was reported to be more challenging in terms of changes in child-rearing practices, household oversight, and heightened emotions that sometimes too easily got out of hand. In short, re-establishing a new normal when the service member returned to the family could be stressful, leading one couple in this study into counseling.

Marnocha (2012) reported that the deployment cycle-related themes she developed from her study supported prior literature findings (e.g., Hull, 2008; Kubler-Ross, 2005; National Military Family Association, 2005). In particular, ongoing communication about expectations before/during/after the deployment, proper preparations within the family dynamic, access to available resources (either provided by the military or within the community) represent important contributing factors in the ability of military wives to remain resilient during the deployment cycle. Marnocha also stressed the importance of healthcare providers having a heightened awareness and understanding of the stressors associated with the deployment cycle, which could assist military spouses in coping and adapting to the myriad transitional changes that the service member and their families could potentially encounter. For instance, Marnocha recommended developing targeted strategies to enhance wives' coping abilities in healthy ways, conducting psychosocial evaluations prior to deployment to ascertain the state of family dynamics, and making available a list of useful community/military resources and support system outlets.

With respect to the limitations of this study, Marnocha (2012) pointed out that her results should not be considered generalizable, given the small sample size. Moreover, this study was limited to an all-Caucasian, well-educated cohort, which is surprising given that minorities currently make up about 30% of active-duty personnel and 24% of reservists and Guard

members (Council on Foreign Relations, 2020). She also noted that these wives were all spouses of Army Reserve soldiers; thus, findings could have been different for other branches, or had the service members been career military instead of reservists. Nonetheless, this study is significant it its focus on spouses and their perceptions of the deployment cycle and its related stressors.

While the Karney and Crown (2011) and Marnocha (2012) studies address spousal perceptions of the impact of repeated combat deployments and reintegration on marital relationships, the next two highlighted studies focus on spousal perceptions as it relates to parenting relationship disturbances (Bell-Uto & DeSocio, 2015; Creech et al., 2014). The first study of importance was reported by Bello-Uto and DeSocio (2015), who conducted a systematic review of the impact of deployment and reintegration on the mental health and coping abilities of children in military families. In their review of potentially applicable literature reports from 2001 to 2014 covering the Operations Enduring Freedom, Iraqi Freedom, and New Dawn conflicts, the authors identified 27 articles that met their inclusion criteria.

The researchers conducted "an iterative qualitative synthesis of findings" (Bello-Uto & DeSocio, 2015, p. 24) in their discovery process. The 27 studies varied in terms of the ages of the children studied by the different researchers (e.g., birth-5 years, 6-12, 6-18, and 11-19). Gender was reported in 21 of the studies with an equal number of males and females. Race and ethnicity were reported in 15 studies that included 50-70% non-Hispanic White children and 20-30% Black and Hispanic kids. Sample sizes of the studies fluctuated from 24 respondents to over 24,000 (Bello-Uto & DeSocio). Overall, the studies' respondents consisted of non-deployed parents (most of them mothers), parent-child dyads, school teachers and staff, deployed and recently reintegrated service members (most of them fathers), and the kids themselves. The children participated in statewide surveys with questions about their coping abilities, as well as

through focus groups and interviews. The authors also reviewed data pertaining to children from available military databases.

Although Bello-Uto and DeSocio (2015) reported significant variability in findings based on the age of the child, they did conclude that repeated and lengthy deployments of service members, as well as sometimes-stressful reintegration transitions, exposed children to inconsistent emotional attachment with potentially long-term consequences. The authors stressed the deleterious and aggregate effect of stress and combat-related trauma experienced by children of service members, which amplified their risk for poor coping skills and ability to adapt to adversity. Add to that mix the loss of a parent or one who returns from deployment with significant combat-related injuries, i.e., PTSD or TBI, as well as emotional wounds. Ultimately, the "cumulative burden of adversity . . . can take a toll on future health and life expectancy" (Bell-Uto & DeSocio, p. 24).

In terms of important age-specific findings, a comparison of the studies indicated that children's age and level of psychosocial/cognitive development were factors impacting their ability to cope. Specifically, kids with higher levels of psychosocial and cognitive development had a greater sense of awareness and understanding of the impact of SM deployment and reintegration. Information gathered from parents about how their very young children (birth to five years) copied revealed issues with attachment during reintegration (67% of infants and children from birth to 47 months). They also found ongoing attachment issues (i.e., sleep disturbances, attention seeking, and separation distress) in 30.7% of kids during family reintegration (Bello-Uto & DeSocio, 2015).

For children ages 6-12, Bello-Uto and DeSocio (2015) reported that anxiety, worry, and sadness were factors that impacted their coping abilities. They also found that anxiety levels in

children in this age group were higher for kids with deployed and recently reintegrated parents than for kids with non-deployed parents. Additionally, in 56% of children 6-10 years, and 54% of kids 11-12 years old, worry over the safety of the deployed parent was stressful and impacted their coping abilities. Depression and academic issues ranged from moderate to very serious in 20% of school-age children (Bello-Uto & DeSocio).

Findings for older children were equally alarming. Although the various assessed studies revealed significant differences in how parents perceived their teens' coping abilities as opposed to how the kids saw them, specific findings pointed to a number of common problems. Specifically, Bello-Uto and DeSocio (2015) reported that adolescents aged 11-19 with deployed parents were susceptible to alcohol use, binge drinking, marijuana and illegal drug usage, as well as prescription drug abuse. In fact, the study found that teens aged 12-18 experienced more problems with parental deployment and family reintegration than those 11-14 years old. The authors ascribed this difference to increased family responsibilities and role adjustments for older adolescents compared to younger ones. Other impacts on teen coping with deployed parents included academic problems, internalizing and externalizing of emotions, changes in eating habits, sadness, anxiety, and depression (Bello-Uto and DeSocio).

Their systematic review of those 27 literature reports also revealed a connection between the children's coping and the mental health and coping abilities of non-deployed parents (Bello-Uto & DeSocio, 2015). Also, when stress levels of the deployed parent and non-deployed parent were high, it impacted how they perceived their children's risk for psychosocial issues. In terms of the impact of repeated and extended deployments, the review of literature indicated a decreased resilience capacity and reduced mental health functioning for kids and their non-deployed parents. The longer the deployment for service members, the authors found, the more

erosion of effective coping mechanisms, and the more difficulty parents and children experienced with managing the stress of deployments and reintegration (Bello-Uto & DeSocio).

The review and analysis of the Bello-Uto and DeSocio's (2015) study revealed three themes with respect to how well a child is able to cope with a parent's deployment and subsequent reintegration: (a) child-coping is impacted by the child's age and developmental stage; (b) child-coping is impacted by the mental health and coping ability of non-deployed parents, as well as how both parents respond during family reintegration; and (c) child-coping is impacted by pre-existing resilience, vulnerability, aggregate risk factors, and resources available for the child and family.

As related to a child's age and developmental level in impacting their ability to cope with parental deployment and family reintegration, the study revealed that parents of kids three to five years old described increased coping issues compared to babies and toddlers. Additionally, worry about the safety of deployed parents and awareness of the dangers of direct combat impacted the coping abilities of school age children; in contrast, for adolescents, changes in roles and responsibilities during their parent's deployment and reintegration proved to be problematic. Teenagers indicated a heightened sense of stress (anxiety and sadness) and reduced functioning (e.g., evidenced in poor grades) when the non-deployed parent evidenced poor coping skills (Bello-Uto & DeSocio, 2015). Overall, in terms of the impact on children of the mental health and coping ability of the non-deployed parent, as well as the mental health and coping ability of both parents during reintegration, the authors' findings indicate that when parents are able to model positive coping abilities, their children will more secure and resilient—and this applies to all age groups (Bello-Uto & DeSocio).

A third theme that emerged from this systematic review of the literature is that strong, resilient families and children shared certain protective variables, such as greater family cohesion, a stable home environment, and supportive internal and external networks—all of which heightened effective adaptation skills and coping abilities in children and parents (Bello-Uto & DeSocio, 2015). In contrast, families with a history of mental health issues were more vulnerable and susceptible to poor health results. In fact, for this population, repeated deployments and reintegration cycles only increased mental health problems and the need for behavioral health services. A related finding is that access to resources within the military and surrounding community increased resiliency. Military families living on installations had greater access to these resources than Reserve and National Guard service members who typically lived in more rural areas (Bello-Uto & DeSocio).

Bello-Uto and DeSocio's (2015) systematic review of the literature on child coping skills in response to military deployment and reintegration features a notable limitation. As acknowledged by the authors, this study did not take into account any findings on "assessment, prevention, and evidence-based interventions for children in military families" (p. 33), which could play a significant role in the degree to which children of military families are able to handle frequent deployment and reintegration cycles. Also, the authors found that most of the literature only focused on active-duty service members and their families. Therefore, more research is needed to highlight the impact of deployment and reintegration on reserve and National Guard service members and their families not living on military installations, as well as inclusion of children of dual military and single-parent families.

Bello-Uto and DeSocio (2015) suggested a need for increased awareness of the "differential effects of military deployment based on the pre-existing resources, mental health,

and coping vulnerabilities of children and families" (p. 34). They also encouraged healthcare workers to try to assess the degree to which children and families demonstrate appropriate pre-deployment readiness, with the goal of anticipating the need for mental health services. Lastly, the authors suggested increasing support within family and community networks, which they reported had a positive impact on healthy coping and parenting for non-deployed parents, which ultimately will enhance resiliency and produce healthier coping skills in children.

Another important study that focuses on the potentially serious impacts of military deployments and the reintegration experiences of families was conducted by Creech and her coauthors (2014), who conducted a systematic review of how military deployment and reintegration cycles impacted children and parenting. Creech et al. focused on three areas: (a) how deployment separation affected parenting and a child's behavioral, emotional, and health indices; (b) the impact of the mental health status of parents during and after reintegration; and, (c) and specific treatment approaches used in the families of service members and veterans. They based their comprehensive findings on 42 research articles that eventually met their study's criteria—all published from 2001 to 2013. Included in their inclusive review were 28 articles on deployment, 4 on reintegration, and 10 on interventions. Note that the sample cohorts described in this review included anywhere from 26 respondents to data from over 307,000 individuals.

Although the authors defined deployment and reintegration somewhat similarly to the other articles evaluated in this literature review, Creech et al. (2014) characterized reintegration as a "subjective process, the length of which is determined by each family system and each family member's ability to adapt to the deployed SM's return" (p. 453). Similar to Bello-Uto and DeSocio (2015), this review looked at children in three age groups: early childhood (birth to five years), school age from 6-12 years, and adolescents from 11-18 years old. A mixed age group

was also included. Creech and her colleagues also looked at how repeated and lengthy deployments impacted children's drug and alcohol use, as well as examined maltreatment issues within the family.

In terms of specific findings, Creech et al. (2014) reported that parents of kids aged 3-5 described amplified internalizing and externalizing of emotions and behaviors during service member deployment. Amplified attachment issues were also reported among parents of children from birth to 47 months. Their review also identified a correlation between SM deployments and a greater number of hospital visits for children. Among school-aged kids, the researchers focused on caregiver descriptions, reporting an uptick in anxiety symptoms experienced by children of deployed and recently reintegrated service members. They also found that lengthy and repeated deployments over a child's lifespan tended to exacerbate depressive symptoms and externalizing of emotions and behaviors. For adolescents, the research focused not only on caregiver descriptions but on how teens viewed their own mental health. Citing the self-reports of children aged 11-17 and their home caregivers, Creech and coworkers indicated that older kids, those whose parent was deployed for longer periods, and the mental health status of the stay-at-home parent were linked to amplified emotional and behavioral problems during deployment among this sample cohort.

Similar to findings reported by Bello-Uto and DeSocio (2015), Creech et al. (2014) indicated an uptick of psychosocial internalizing and externalizing of emotions and behaviors in teens aged 11-16, as well as academic problems, whose parents were deployed. The authors also cited another study of more than 10,000 8^{th}, 10^{th}, and 12^{th} graders that showed teens of deployed service members experienced amplified suicidal thoughts, depression, and lower quality of life compared to both non-deployed military and civilian families. In the same vein, their review of a

sample of mixed-age group kids found that deployments were dependably and substantially linked with their emotional and behavioral performance. Like the other age groups, similar problems were found in children and caregivers.

As related to the literature on deployment and its impact on substance use and mistreatment of kids, the authors found a link between parental deployments and risk for increased substance abuse. In particular, Creech et al. (2014) cited one study of 6th, 8th, and 11th graders of deployed service members; the authors reported that compared to the children of non-deployed service members, these children were more likely to be engaged in drinking, binge drinking, use of prescription drugs, and use marijuana and other substances. From the standpoint of child maltreatment, the authors showed a link between SM deployments (particularly for active-duty military families) and child mistreatment. In particular, the authors cited an Army study (Gibbs et al., 2007) that showed the rate of mistreatment of children to be 42% higher in SM deployed families than in non-deployed ones. They also found that most culprits of mistreatment of children were female spouses.

No matter the age group, the authors found that SM deployments could escalate children's emotional and behavioral problems, which resulted in more visits to medical treatment facilities for mental health issues. Creech et al. (2014) also noted that depression and PTSD among service members could be linked to amplified problems in children and parenting during and following the reintegration process. Moreover, the authors indicated that while there are many treatments to help military families in a more comprehensive way, most remain unproven and in the initial stages of being assessed and executed. Nonetheless, Creech et al. (2014) did describe four potentially impactful intervention programs that are addressing the challenges, treatment approaches, and practice concerns for military personnel and their families: Project

Families Overcoming Under Stress (Project FOCUS), Strong Families Strong Forces, After Deployment Adaptive Parenting Tools Program (ADAPT), and Passport to Success (PTS).

Project FOCUS involves eight sessions that are designed to encourage resiliency among active-duty military families of recently deployed service members. FOCUS engages parents and children aged 3-17 in a range of programming interventions related to stress management, emotional regulation, problem solving, and family communication skills. "An evaluation of 4–6-month outcomes revealed that number of FOCUS sessions attended had a significant and indirect effect on reducing child distress through improved family functioning" (Creech et al., 2014, p. 459).

Strong Families Strong Forces was designed for military families of deployed service members with a minimum of one child under the age of six. This home-based reintegration tool focuses on developing a parent's capacity for self-reflection, as well as attachment and developmental applicability to help families with young kids in the reintegration transition process. To date, qualitative findings about the effectiveness of Strong Families Strong Forces are encouraging (Creech et al., 2014).

Creech et al. (2014) also highlighted the significance of the ADAPT program, a 14-week treatment group protocol for National Guard and reserve families who have experienced a minimum of one deployment and are parenting at least one child aged 5-12. This program utilizes a modification of the Parent Management Training Oregon Model (PMTO; Gewirtz et al., 2011) and focuses on emotional regulation strategies for parents to increase understanding of post-deployment family adjustment and coping responses. ADAPT also seeks to help families deal more effectively with the stress associated with SM deployments.

The fourth program, PTS, was purposefully created to help children and adolescents with the reintegration process of their deployed parent. This program is coupled with the DoD's Yellow Ribbon Program for returning National Guard and reserve service members. Typically, children cycle through three classes focusing on emotional, communication, and coping skills based on their age-related developmental level. Overall, Creech et al. (2014) indicated that these programs evidenced varying degrees of success amongst participants.

In addition to these specific treatment programs to help families and children deal effectively with deployments and reintegration, Creech et al. (2014) recommended that healthcare providers prioritize a better understanding and awareness of military culture, the deployment cycle, and even the specialized military terminology they are likely to encounter. Such knowledge will aid in the development of a rapport with military families, as well as advance treatment planning. They also suggested that clinicians use resources such as the VA community-provider toolkit to help those not familiar with military culture. Creech et al. then singled out the potential importance of the resources provided by the Center for Deployment Psychology, which is a DoD Psychology Training Consortium. This online tool helps clinicians better understand the impact of deployment on families and children.

Additionally, the authors recommended that clinicians assess for any prior and current stressors within families that have emerge during the deployment cycle—especially those that could result in child mistreatment or neglect—and immediately incorporate proven stress-management strategies into treatment planning. Other suggestions for clinicians include helping families with effective communication strategies, assessing for substance use in adolescents, as well as incorporating the parents' observation-based opinions about their children and how to help them during mental health appraisals and interventions.

Study limitations of the Creech et al. (2014) systematic review include the small sample sizes of some of the literature reviewed, the use of non-homogeneous assessment instruments, and the use of retrospective descriptions by predominantly male service members and female spouses or partners—all of which limit the generalizability of findings to a certain degree. Additionally, the authors found the literature lacked demographic information from female service members, male spouses, and partners and same-sex couples. Creech et al. (2014) concluded their review with the following statement:

> More types of variables that may influence children's reactions to parental deployment must be conducted. This review indicates that promising candidates for such variables include caregiver mental health, parenting stress, number and length of deployments, relationship to the caregiver (parent vs. nonparent), child gender and age, and family communication. (p. 462)

Conclusion

A prevalent theme emerged from the literature addressing the reintegration experiences of combat veterans returning from war: *Military reintegration is a complex, non-linear, multidimensional transitional process that is often difficult and stressful for veterans and their family members*. Thus, mental health and other healthcare professionals—and especially those in the civilian sector—seeking to enhance the reintegration of returning veterans within their families and society-at-large must understand the specific needs and issues facing service members. Key to this understanding is an awareness of the military deployment cycle: pre-deployment, deployment, post-deployment, and reintegration. This repetitive cycle is an ever-present reality for military personnel and their family members.

Although studies on military reintegration are growing in number as researchers become better informed about the needs of U.S. service members returning from combat, significantly more research is needed to ensure that the reintegration needs of service members are fully addressed. For instance, the literature lacks a clear definition of what constitutes reintegration apart from the provision of physical and rehabilitative health care services. Defining military reintegration both theoretically and operationally is critical for the development, implementation, and evaluation of clinical interventions, treatment protocols, and other related services.

For this study, military reintegration is defined as a complex process whereby service members transition and return to personal, family, and organizational roles. This study will utilize Schlossberg's (1981) transition theory and model for veterans in transition and Bronfenbrenner's (1979) social ecological systems theory and model as a foundation for studying the transition needs of this cohort. In particular, Schlossberg's theory and model provides a mechanism for understanding the complexity and difficulties of military reintegration adjustment and includes four important contexts: situation, self, support, and strategies. This theory provides insight into the needs and challenges faced by service members and their family members, as well as individualizes the reintegration process. Additionally, Bronfenbrenner's social ecological systems theory and model broadens the scope of military reintegration to a systems-level approach by including individual, interpersonal, community, and societal factors. These theories and models may help develop a fuller understanding of the myriad challenges and problems service members and their family members face in the reintegration process with the goal of enhancing support services for this population.

The detailed review of the literature revealed the impact of war-related combat on returning veterans and the individual and familial adjustments comprising the reintegration

process. Specifically, deployment and combat-related challenges and stressors include physical, emotional, and psychological injuries, PTSD symptoms, TBI, anxiety, depression, suicide, grief and loss, impulsivity, risk-taking behaviors, and increased use of alcohol and drugs. This cohort also routinely deals with pre- and post-deployment changes in family roles and interpersonal relationships, inadequate levels of deployment-cycle support within military units and society at large, gender-based issues (i.e., sexual trauma and harassment), and challenges associated with post-deployment commitment and retention. All of these variables can impact the reintegration process for service members, their partners or significant others, and children of any age within the family.

These reintegration challenges present significant and important opportunities for mental health professionals in future subject-matter research, as well as the development, facilitation, and implementation of new programs, services, and treatment interventions to assist service members and their family members in the reintegration process. Counselor-education programs can do more to train clinicians in the treatment of this important population and have a greater influence on current DoD and VA reintegration program efforts. One potentially significant model for training counselors and clinicians in assisting service members and their families is the DoD's Military and Family Life Counseling (MFLC) program, whereby "military and family life counselors deliver valuable face-to-face counseling services, briefings and presentations to the military community both on and off the installation" (militaryonesource.mil, para 1). Indeed, my personal participation and experiences gained in this program provided the impetus for this qualitative, single case-study based research. The hope is that use of this qualitative design will inform counselors who wish to provide effective treatment protocols and services to service

members and their families that will enhance resiliency in marriages and parenting throughout the deployment cycle.

The details of selected significant publications were highlighted in this section for better comprehension of the complex and varied factors associated with the impact of repeated deployments and reintegration on combat veterans and their family members. It is hoped that the review of literature will shed some light on these pressing problems, as well as contribute to answering the two research questions guiding this investigation:

1. What are the spousal perceptions of marital relationship disturbances that result from repeated combat deployments and reintegration cycles of long-term active duty service members?
2. What are the spousal perceptions of parenting relationship disturbances that result from repeated combat deployments and reintegration cycles of long-term active duty service members?

CHAPTER THREE: METHODOLOGY

Research Design

The purpose of this study was to explore the lived experiences of one participant whose spouse (also co-parent to X number of children) served repeated combat deployments and experienced marked family relationship difficulties upon each reintegration. The rich, detailed findings that are possible with a qualitative single case study design maybe useful in informing counselors who seek to provide effective services to this important population. Counselors who are aware of, and sensitive to the issues, concerns, and needs of combat veterans, their spouses, and children are likely to be more adept at serving this important, at-risk population.

Phenomenology represents a foundational approach for conducting qualitative research in that it focuses on the lived experiences of a particular group of interest in order to identify commonalities (Smith, 2018). In describing the basic tenet of phenomenology, Creswell and Poth (2018) also stated that this research methodology relies on the lived experiences of individuals in order to better understand the essence of a phenomenon of interest. Other common features of phenomenology include the emphasis on these experiences as being conscious ones, as well as in its focus on describing the essence of a participant's experiences, rather than seeking an explanation for those experiences or behaviors (Creswell & Poth). Another element of phenomenology that can be impactful for researchers is its potential to transform the researcher. As Van Manen (1990) stated, "phenomenological research is often a form of deep learning, leading to a transformation of consciousness, heightened perceptiveness, and increased thoughtfulness" (p.163).

As it relates to heightening the researcher's understanding of the essence of a subject's lived experiences, the use of a case study can be important for comprehending an issue or

problem in greater depth (Doughty Horn et al., 2016). Creswell and Poth (2018) defined case-study research as a qualitative approach whereby the researcher delves into a real-life, present-day, bounded (by time and place) system single case or multiple bounded system cases over a limited period of time. Case study research can rely on a number of data-collection sources (solely or in combination): observations, interviews, audiovisual materials, documents, and reports. Because the information is gleaned from one or more individuals who have experienced the problem of interest first-hand, the qualitative data that results from a case study approach can help others gain awareness (Doughty Horn et al.). Accordingly, this study incorporated a phenomenological research approach involving a single case study to better understand the perspectives and experiences of a spouse of a military service member who experienced multiple combat deployments.

Research Questions

It was anticipated that the use of a qualitative phenomenological case study method would assist in answering the following two research questions, which ultimately guided the data collection:

1. What are the spousal perceptions of marital relationship disturbances that result from repeated combat deployments and reintegration cycles of long-term active duty service members?
2. What are the spousal perceptions of parenting relationship disturbances that result from repeated combat deployments and reintegration cycles of long-term active duty service members?

Participant-Selection Criteria

Three criteria were implemented in selecting the single participant who eventually shared her story and experiences for this qualitative study. First, the participant was required to be a spouse or partner of a combat veteran. Second, the participant was required to have children with a combat veteran, whether in current or past relationship (i.e., the participant could have had children from previous relationships with combat veterans). Third, the participant was required to experience at least four or more combat deployments (not including stateside or noncombat-related deployments) and reintegration cycles.

Data Collection

The researcher invited spouses/partners of service members to take part in this study via email invitations to email groups affiliated with military initiatives. Interested individuals were invited to complete a brief demographic survey to confirm eligibility. One eligible participant was selected for participation. The participant was informed they she could withdraw from the study at any time with no penalty; additionally, there was no compensation for her participation. HIPPA-protected client information was not included in the study; only information discussed with the participant during the interview process, and approved by that individual for use in this study, was included in data collection process.

According to Moustakas (1994), qualitative data-collection using interviews should be tailored to put the interviewee at ease so that rapport can be established, thereby opening up communication channels and fostering the collection of more authentic data. As agreed upon by the participant, the site for interviews was the researcher's office, which was convenient and accessible for both interviewer and interviewee. Following Moustakas' (1994) criteria for conducting phenomenological interviews, the researcher did make the interviews an easygoing,

collaborative process with open-ended questions. Although open-ended questions can be more demanding for the interviewee—since they require the individual to use their own words to convey information—this approach is considered to be essential for capturing the essence of their experiences with the stresses of deployment and reintegration. In total, two interview sessions (each lasting approximately 90 minutes) were conducted to reach data saturation, which is defined as the point at which the likelihood of obtaining additional new information is minimal (Fusch & Ness, 2015). Each interview was audio-recoded for subsequent transcription by the researcher. The interviewee did review the transcript for accuracy.

Interview Guide

The participant was interviewed two times for approximately 90 minutes, utilizing an easygoing, collaborative process with open-ended questions and comments. This format facilitated an organic flow of conversation with no limits on the amount of response to each interview question (Doughty Horn et al., 2016). The participant was encouraged to add any additional information she believed could be important in painting a more nuanced picture of deployment and reintegration. Because of the reflective, retrospective, and interpersonal nature of this study, the researcher was unable to utilize other methodologies that required direct observation of behaviors or phenomena.

The principal purpose of this interview guide was to pose questions helped the participant recall memories and provide detailed descriptions of the impact of repeated combat deployments and reintegrations on marriage and family life. With the goal of capturing the lived experiences of the participant as accurately as possible, the interview guide deployed for this investigation included questions about the participant's background as well as predeployment, deployment,

post-deployment and reintegration disposition of the marriage and family affairs, related to the participant's lived experiences.

Background Questions

The following nine questions were intended to obtain background information about the interviewee.

1. When and how did you and your spouse meet?
2. Was your spouse in the military when you met?
3. Did you have any prior experience/awareness of military life/culture?
4. Did your spouse acclimate you to military life/culture?
5. Did your spouse describe the military deployment cycle?
6. Did your spouse explain how deployments might impact the marriage and family?
7. How long had you been together prior to the first deployment?
8. How long/how often were these deployments?
9. What were the approximate ages of your children during the deployments?

Questions Related to Predeployment

The following nine questions were intended to help the researcher understand the lead-up to the service member's deployment(s) by obtaining specific information about the interviewee's experiences with/feelings about their spouse/partner being deployed.

1. Did you know that the deployment was coming? If so, how much preparation time did you have?
2. Describe your feelings upon notification of that first deployment.
3. How did you all prepare for that first deployment?
4. Did you all use this first deployment prep as an outline for future deployments?

5. How did the preparation effect your marriage and your spouse's parenting?
6. How did you both prepare the children for deployments?
7. Did you all discuss the potential for injury or death during deployments?
8. Describe how you and your spouse managed the transition from being present with family to being away for an extended period of time.
9. At any time did you consider your partner to be physically present but psychologically absent?

Questions Related to Deployment

The following twelve questions were intended to help the researcher understand the interviewee's family life adjustment issues during the actual deployments.

1. Describe what it was like for you and your family the day your spouse left for that first deployment? What kinds of emotions did you all experience?
2. Describe how you managed the transition to head of household now that your spouse was deployed.
3. Can you describe a day in your life managing the household affairs and sole parenting responsibilities. Were you working at the time as well?
4. How did you manage the shift in marital and family roles?
5. I understand some deployments allow for frequent contact and others do not. What were your communication patterns like during deployment for your family?
6. How did your spouse handle communicating with the children during deployments?
7. How did you manage the times when there was little or no communication with your spouse during deployments?

8. How long did it take you to establish a manageable routine for the household and children?
9. How did you manage your stress and the challenges you faced throughout the deployments?
10. Did you maintain contact with family, friends, and coworkers during deployments? If so, did that level of contact change in any way during deployments?
11. Did you utilize available military resources during deployments?
12. Were you able to establish a baseline plan following the first deployment that you were able to utilize for subsequent deployments?

Questions Related to Post-Deployment

The following five questions were intended to help the researcher understand the interviewee's post-deployment transition.

1. Were you notified when your spouse would return from deployments? If so, please characterize your feelings and emotions and describe how your children reacted to their parent's return.
2. Did you and spouse talk about how to manage the post-deployment and subsequent reintegration processes?
3. Was your spouse active duty military, or in the Reserves or National Guard?
4. If in the Reserve or National Guard, was there reengagement with their unit? Did they return to a job?
5. What was the transition time, if any, between the time your spouse returned to the US and their military unit, and when they actually arrived back in the family?

Questions Related to Reintegration

The following twelve questions were intended to help the researcher understand the reintegration process back into the family and community—both on a personal level and how the interviewee perceived the experiences of the service member's post-deployment transition.

1. Describe the re-integration process for your spouse? What was that like for you all?
2. How did your family readjust to the deployed parent's presence?
3. What was it like fitting the deployed parent back into a "new" home routine?
4. How did you all handle the readjustment of your spouse to home life as well as childcare responsibilities?
5. Did your spouse sustain any combat-related injuries during deployment? If so, describe the impact on you and the children.
6. How did your spouse's symptoms impact you and your family on a daily basis?
7. Describe what a normal day looked like for you and family. What was the most extreme event you experienced? Were there repeated occurrences of the events?
8. When things went well, what was happening, i.e., sleep, food, exercise, stressors, etc. What about when things were at their worst?
9. If your spouse experienced repeated deployments and reintegrations, how did your children react to them?
10. How did you manage the children's reactions to repeated deployments and reintegrations? How was each deployment/reintegration experience different?
11. Did you ever feel like you and your children were competing with your spouse's deployment and reintegration experiences?

12. Reflecting on the multiple deployment and reintegration experiences, what things/services would have been most helpful to you and your family? What suggestions do you have for counselors to better serve this population?

Data Analysis

Data analysis was divided into three sequential phases as part of the phenomenological reduction process (Moustakas, 1994). First, each audiotaped interview was transcribed and reformatted in a way that each participant statement or verbalized thought was treated equally. This process is known as the horizontalization of data. Specifically, the researcher was "receptive to every statement of the co-researcher's experience, granting each comment equal value" (Moustakas, p. 122). Next, the researcher and two colleagues (both with doctoral degrees) separately analyzed the transcripts line-by-line, removing any redundant and unrelated statements and phrases, as well as unfinished thoughts. According to Moustakas, this process results in statements known as "horizons," which refers central ideas/concepts within the text and unchanging elements of the phenomenon. Then, the researcher and his two colleagues completed another analysis of the data in order to hone and combine the statements into categories that would accurately represent the participant's lived experiences. Lastly, the individual analyses were matched for consistency so that common themes that came through the interviews were identified.

The researcher utilized open and axial coding measures as defined by Strauss and Corbin (1990). According to the authors, open coding involves taking textual data and dividing it into distinct parts. Axial coding involves extracting connections between the codes developed in open coding. From this coding process, the researcher produced common themes with the ultimate goal of discovering one central theme.

Role of the Researcher

In my role as a Military and Family Life Counselor (MFLC), I have benefitted from coming to know and better understand the real-world, real-time perspectives of combat veterans returning from Operations Enduring Freedom, Iraqi Freedom, or New Dawn and the impact of that their deployment and reintegration experiences have had on them. As an MFLC deployed to Landstuhl Regional Medical Center in Kaiserslautern, Germany, I served alongside chaplains and behavioral health staff providing support and counseling to combat veterans. Interacting with them—many evidencing PTSD, TBI, and other physical, emotional, mental, and spiritual signs of the impact of post-combat related engagement—heightened my interest to more fully comprehend the myriad issues that military personnel and their families face during the deployment cycle (pre-deployment, deployment, post-deployment, and reintegration). In particular, the stress and anxiety associated with deployments, especially in warzones, and the resulting issues that many combat veterans face upon their return are beginning to be scrutinized more comprehensively—and deservedly so.

Because of the unique and intimate connection between research and researcher, it is imperative that I recognize my own lived experiences, values, and cultural and professional biases, and how those varied factors influence my interpretation of the data. With the goal of conducting objective qualitative research that will increase the trustworthiness of findings, it is critical that I take into account my positionality, which is achieved through the use of reflexivity (Berger, 2015). According to Roulston (2010), reflexivity refers to examining one's personal beliefs, identity (i.e., gender, social class, level of education, cultural background, etc.) and experiences and how those elements may impact the construction of a research study and the

interpretation of subsequent findings. Reflexivity in some respects can be viewed as looking at oneself in a mirror.

As a military and Family Life Counselor (MFLC), I was employed as a contractor with a mental health agency that provided short-term solution-focused counseling and other mental health work to military service members and their families on installations in the U.S. and overseas. In 2010, I experienced the deployment cycle for myself when I decided to relocate to Hawaii to pursue additional MFLC opportunities. I did some contract work in HI back in 1999, but never considered living there. I already secured one year's worth of approved contracts through my employer at various military installations in HI. I paid my own relocation expenses, found a place to live in a suburb of Honolulu, and began work a week after moving. Visiting HI and living there are two vastly different experiences. Each military installation, while similar in operational processes, has its own, what I would refer to as "installation personality."

I did some predeployment planning, researching Hawaiian culture and expectations for living and settling there, cost-of-living expenses, as well as getting information on all the installations I would be working at, including onsite supervisors. I researched all the mental health programs at each installations and their expectations for MFLC support. What made my adjustment to life in HI smooth was I lived with a friend of the family who had lived and worked there for more than 30 years.

I identify as an African-American male from a middle-class background. I was born and raised in Washington, DC, and have lived the majority of my 61 years in the Washington Metro Region (DC, Maryland, and Virginia). I am a licensed professional counselor (LPC) in private practice in Virginia. I've practiced professionally for the past 15 years, the last eight working specifically with the military population. In total, I have worked with the military in various

capacities for more than 35 years. As such, I am very familiar and comfortable with the culture. While that long professional history brings a heightened level of experience and comprehension to the topic of the impact of reintegration on combat veterans returning from war, it also further intensifies the importance of using reflexivity in this study in order to avoid researcher bias. Researchers have indicated that the process of transcribing interviews provides an opportunity for engaging in reflexivity (Shelton & Flint, 2019). In addition to this process, I also took down notes during the interview about issues of particular relevance, as well as engaged in memoing immediately post-interview. It was anticipated that these three strategies would fully address the challenge of reflexivity.

My experiences in counseling veterans and their families have further intensified my interest in researching the experiences and determining the impact of multiple combat deployments and their impact on marital and family relationships upon reintegration. Although my clinical experiences and practice continue to inspire and motivate me, this study incorporated specific strategies for ensuring that my positionality did not improperly influence the data findings that emerged from this investigation.

Trustworthiness

Reflexivity is a critical component of qualitative research in that it reinforces trustworthiness and credibility by requiring the researcher to "self-consciously refer to him or herself in relation to the production of knowledge about research topics" (Roulston, 2010, p. 116). As described in Doughty Horn et al. (2016), trustworthiness in a research study emphasizes four characteristics: credibility, transferability, dependability, and confirmability. The authors defined credibility as the extent to which the data gathered for a study is relevant to the topic of interest, and that findings are plausible and fully represent data gathered from

participants. Korstjens and Moser (2018) compared credibility in qualitative research to internal validity in quantitative research. The second component of trustworthiness, transferability, indicates the extent to which a study's findings can be generalized to other situations, contexts, or populations. While qualitative researchers can be challenged to prove unambiguously that their findings can be applied more broadly (i.e., beyond those taking part in an investigation), the notion of transferability is intended to show the degree to which that is likely (Korstjens & Moser). The dependability of a qualitative study hinges on the consistency of a study's findings with other reports throughout the research (Leung, 2015). Confirmability is concerned with aspects of researcher neutrality—in other words, confirming the researcher's neutral position and influence. Dependability and confirmability will be safeguarded by providing detailed steps with respect to purpose, scope, methodology, results, and conclusions (Morse & Coulehan, 2015).

Additionally, I incorporated prolonged engagement, persistent engagement, triangulation, peer debriefing, and audit trailing to further safeguard trustworthiness (Doughty Horn et al., 2016). Doughty Horn et al. describe these concepts as follows:

> [Prolonged engagement refers to] the researcher's total immersion in the subject; persistent engagement refers to the researcher's continuous analysis of the information obtained to maintain scientific objectivity; triangulation refers to involvement of the participant in the review of the researcher's description of their lived experiences; peer debriefing involves gaining a variety of impartial perspectives to verify researcher conclusions; and, audit trail consists of documentation of the research process. (p. 227)

Furthermore, trustworthiness was maintained through observance of the American Counseling Association (ACA) ethical guidelines established in 2014. Research for this study was conducted in an ethical manner by maintaining confidentiality, describing and attaining

informed consent, ensuring secure storage of the data and documentation, and treating the participant with honor and respect.

Summary

In summary, this methodology chapter outlined the research design for this study, which was intended to explore the lived experiences of a participant whose spouse and co-parent served repeated combat deployments and experienced family relationship difficulties upon each reintegration. The researcher expected that use of the qualitative phenomenological case study method would assist in answering the following research questions:

1. What are the spousal perceptions of marital relationship disturbances that result from repeated combat deployments and reintegration cycles of long-term active duty service members?
2. What are the spousal perceptions of parenting relationship disturbances that result from repeated combat deployments and reintegration cycles of long-term active duty service members?

As it relates to the research questions, even though the participant's spouse served his entire career in the Air Force Reserve and Army National Guard, when he was in deployment status, he was full-time active duty.

This chapter also provided a summary of participant recruitment, data collection, and data analysis. The researcher outlined the ethical behavior and research protocols used to protect the participants as well as support the credibility of the study. Reflexivity was also addressed through the shared experiences of the researcher.

As a side note, this study (IRB #21-825) was submitted for review by the Virginia Tech Institutional Review Board. The Virginia Tech Human Research Protection Program (HRPP)

determined that the proposed activity was not research involving human subjects as defined by HHS and FDA regulations. Further review and approval by the Virginia Tech Human Research Protection Program (HRPP) was therefore not required. While the activities described herein do meet the federal definition of a systematic investigation, the described activities do not meet the definition of generalizable results (see Appendix D). Oversight for this study was performed by Dr. Laura Welfare and the dissertation committee.

CHAPTER FOUR: RESULTS

Results from this qualitative single case study are divided into four sections that encompass the deployment cycle: predeployment, deployment, post-deployment, and reintegration. The participant for this study ("Anita") met all three selection criteria detailed in the previous chapter. At the time this study was conducted, she was a 53 year-old very versatile, highly educated, white female married for 33 years. In addition to being employed in various part-time and full-time positions—some of which required her to travel to both domestic and international destinations—she was the mother of two biological children, five foster children, and one adopted child. Her spouse served as an enlisted service member in the Air Force Reserves and Air National Guard. Note that even though the Anita's spouse served his entire career in the Air Force Reserve and Army National Guard, when he was in deployment status he was full-time active duty. Of his 13 deployments, four were combat deployments. For the purposes of this study, the participant will be referred to by the pseudonym Anita.

In addition to background questions, the interview protocol included nine questions related to predeployment, 12 related to deployment, five related to post-deployment, and 12 related to reintegration.

To reiterate, two research questions guided this investigation:

1. What are the spousal perceptions of marital relationship disturbances that result from repeated combat deployments and reintegration cycles of long-term active duty service members?
2. What are the spousal perceptions of parenting relationship disturbances that result from repeated combat deployments and reintegration cycles of long-term active duty service members?

As recommended by Strauss and Corbin (1990), open and axial coding was used to analyze the qualitative data captured from Anita's responses resulted in four general themes: Choice, Progression, Adaptability, and Acceptance. Each theme is examined with respect to the deployment cycle and discussed individually considering the research questions. Quotes from the respondent are used to support the themes.

Results Associated with Research Question One

The first research question was intended to determine the perceptions of a military spouse regarding the marital relationship disturbances that resulted from the repeated combat deployments and reintegration cycles of her long-term active duty service member spouse. The results associated with this question are detailed below according to the four themes. The results, particularly for Themes Three and Four, highlight Anita's resilience in adapting to and accepting the myriad changes she experienced during all four phases of the deployment cycle.

Theme One: Choice

The first theme of choice pertains to how the purposeful decisions made by Anita and her spouse impacted their marriage. When they first met in college, he had already served six and a half years on active duty in the Air Force, but left the military to enroll in college. Thus, she had not anticipated becoming a military spouse when they first met. As she recalled, "We dated or nine months, and then we got married, and we eloped, and then he was deployed to Mississippi 14 months later."

Anita noted that she did not feel that her spouse had fully prepared her for the military culture and lifestyle, so she chose to adapt as the circumstances presented themselves. "Yeah, I don't think he ever thought in those terms. I think it was just a part of the job. It's just what you do." Moreover, it did not appear that the couple ever had any real substantive discussions about

the impact of the entire deployment cycle on their lives. "What we talked about was that he would join the local National Guard unit and do a weekend a month and two weeks a year, and maybe build some more points toward retirement, and that sounded fine, no big deal," Anita said. Although the perceived upside to consistent deployments was the pay (especially hazard-duty pay for combat-related ones) and the accumulation of retirement points, she did not anticipate in those early years that she would have been impacted by her husband's military duty as much as she eventually would. "It was okay. It was fine, but it wasn't what we wanted. The thought of going back to active duty was never really on the table. I thought he would probably stay in the National Guard until retirement, but I didn't think we would ever live a military life," she said.

While serving in the local Air National Guard unit in the small rural North Carolina town they lived in, they got pregnant and their first child was born while he was on his annual two-week training exercise. Predeployment consisted of him packing a duffle bag, making sure his farm and house chores were completed, and driving to the training site. With the annual training only a couple of hours away from home, he could return and be there for the birth of their son. The first pictures of him holding their son, according to Anita, "were taken in his battle dress uniform."

Part of dealing with the reality of military life is that personal choice, in many instances, is sacrificed to the military. Although she desired a simple life with marriage, having and raising kids, and tending their farm animals, that dream and preferred choice of a simple life was impacted by repeated deployments and reintegrations. Anita described it like this:

> Yeah, so in trying to do it all, I think maybe some of the normal marriage stuff took a back seat to that. But that was part of the thing…Either I had to compromise, or we're not

> going to live like this. We're not going to do the homestead thing that I loved, and we're not going to have these animals. We're not going to whatever…. Or I can just deal with it and make it happen. And, that's what I did, and it was a choice, and I fully accept that it was a choice. If he had been home, one of us would have to milk the goat, one of us would have taken the kids to their activities. You know we would have split all of this.

During the longer deployments, the military made the choice for them in the predeployment prep phase of the cycle, as she conveyed in the following passage:

> I seem to remember, in general, not always, but in general, getting some sort of notice that there would be a deployment coming up, some sort of pre-work to do, whether it was a medical check-up or shots or packing or whatever it was. The idea of "how do I get a hold a of him when he's gone? Where do you send mail?" When he was first deployed, of course this was before computers, and so it was the era of "Sit by the phone, you get 20 minutes a week to call home." So, we would make a time that he would call, a schedule of, we would get the cars ready for him to be gone, make sure that the oil was changed or whatever I would need for him to be gone for a while. That kind of stuff. And, he would be on orders for a certain amount of time. That seemed clear and generally didn't change.

As it related to the deployment phase, they did have a choice as to where or how many times he volunteered for deployment assignments. "He went to the Middle East every year, for several years in a row and a few of them were more combat than others." During the first 10 years of their marriage, he was deployed three to six months a year. And, as Anita noted, "With the Air National Guard, they cannot keep you deployed more than 179 days, or they have to give you the option to go full-time. So, it was never more than six months."

One benefit of serving in the Air National Guard, especially during post-deployment, was the consistency of knowing when he would leave and return. Unlike other military personnel in other branches, he could choose to decline deployments as needed. For example, she described the circumstances of the birth of their second child:

> There was one extension, there was one right before he was in Honduras, right before their daughter was born. They extended once and they (the military) wanted to extend again, but he could decline. Which, was great because otherwise he would have missed her birth.

She then added, "When he was not deployed, he worked from home and he had his workshop on the property, and we homeschooled, and so we had complete control over that."

While living in a small rural community provided some sense of the "homestead" lifestyle Anita desired, military services and support for National Guard and Reserve service members and their families that could have helped them better acclimate to military life and culture were not readily available in their location. Living in a rural small town in North Carolina, the nearest military installation was several hours away; moreover, there was very little support from the local community for Anita and her family during deployments and reintegrations, as evidenced in the following reflection:

> Yeah, I mean we really didn't know any other families doing this. We didn't live in a place where there was military. We didn't know other people who were living like this, so I didn't have any comparison for it, of what it would be like, or what are other military husbands doing. So, when he came home normally, like on schedule, he came home the same day he landed stateside. He had some gifts for the kids and me. And, we made a nice dinner and all those things. I don't remember any major reintegration kind of stuff. I

do remember often feeling like I wish he had a military buddy to like to hang out with or go out to get a beer with or something.

As mentioned previously, Anita's spouse did not serve consistently with a unit. He would deploy with a group of two or three service members, or sometimes just solo. He would back-fill or replace positions as needed. "So, he would be embedded in somebody else's unit, which I think is also part of the problem because when he came back, he didn't debrief with this unit, or you didn't have shared experiences with people," she added. Importantly, Anita recalled her spouse not really acclimating her to military life:

> Really no, because it was National Guard, right? So at first, those first few months were a National Guard unit in our town, and that had a little bit of "come to the armory" and that they had calls to "Army Day" around that time. But then he switched to a unit that was a few hours away. I would go to the once-a-year family-day they had, and that was really my entire exposure at that point until the first deployment. When the Gulf War began he went to Mississippi to backfill staff that had been taken overseas. And I went; I'm still in college [but] I went over Spring Break and we stayed on the military base with him for two weeks, and that was my first experience ever with military life and culture.

Overall, Anita's spouse made the choice to join the military for benefits such as great deployment pay, points towards retirement, and some degree of financial stability in moving them towards their life goals. She described the rationale for his (and their) decision in the following way:

> You take more deployments, and it's like getting us to the goal because: a) financially it was great thing, and then b) it's getting closer to retirement. So, generally it was like should we take this… like stateside appointment, now they're called a deployment. So, a

> stateside appointment was like…should I take this. Well yeah, you know, a couple of months of good pay, plus it gets you points, plus it gets you rank. And, the plan was, we're gonna retire, we're gonna have some sort of a pension, we're gonna get a space, we're gonna go travel…we have our kids early, they're gonna be grown and we're gonna have this great 50's and 60's.

The largely unspoken downside was that an increased number of deployments, particularly combat-related ones, would further negatively impact their marital relationship.

Theme Two: Progression

The theme of progression, which spanned the full deployment cycle for Anita and her spouse, involved the slow progression of combat-related changes in her spouse such as mood swings, ongoing bouts with sinusitis, confusion, irritability, and isolation, to name a few. In the early days of their military life, her spouse had more stateside deployments, for which he would either drive his truck, or hop on a plane, be gone for a while, and then return home. He was also self-employed and worked from home, while Anita maintained their home and small farm and home schooled the kids. She had established a consistent predeployment and deployment rhythm.

> He had already been doing some stateside deployments that were non-combat deployments. So we were already in this routine of he was just gonna leave sometimes. Let's get things ready for him to be gone for a few months. Such is the life of a military wife. And to be fair, I grew up with a single mom and I was okay with like, okay, this is the way it is and I can handle things."

Anita attributed her mother's "New England Depression Era stoic" personality for her "take-care- of -business, make-it-work," attitude.

Initially, Anita's expectation of deployments was that her husband would be safe and not near the front lines since he was principally involved in communications and intelligence work.

> I don't think it registered as a combat deployment for a couple of reasons: one he was Air Force and they tend not to be quite to the front lines; and he worked on multi-million dollar communications systems, setting up local and wide area networks. You know, it's just too valuable, so you stay back. So, my perception of things was that he was far back and safe and whatever. Reality was that he was going in with teams to do stuff more locally and he didn't talk about that.

So, while the deployment orders might say one thing, many of the deployments were cover for other duties as assigned. "So, they would say, we're going to Puerto Rico. That meant they went to Puerto Rico, then boarded the plane and they went to Columbia," she figured out.

As mentioned previously, Anita's spouse deployed frequently to the Middle East during his early years in the military from 1994-97. It was during these early years that signs of combat-related symptoms began to surface. In particular, she conveyed the following story:

> [There was] a lot of talk around this time about chemical warfare. And just the unknown of like is the air you're breathing okay. And, I remember this one particular phone call when he called and he didn't sound great. And he talked about how the sirens kept going off and having to carry their chem gear to the bathroom. They had to carry their chem gear virtually everywhere they went, no matter what. He was a big, really masculine kind of guy, and just hearing that shakiness in him was not normal. That was when it was chemical warfare and there were burn pits everywhere and it smelled. So, he had chronic sinusitis, like really horrible sinusitis.

However, the possibility of combat-related injuries, or even death during deployments and post-deployment, were not things they talked about. She stated,

> I think because nobody was talking about it. So, the combat injuries, PTSD and TBI, and nobody talked about that for 10 years, or so after. So, people weren't getting, generally weren't getting physically injured. [But] you knew it would happen once in a while. You'd hear a horrible story. Generally, about the Army and/or Marines.

And, for the most part, the Air Force did not talk about them either. "You wouldn't hear about it in the Air Force," she added. "People weren't getting hurt. So, I don't think it was really even on our radar. I think there's a tragic circumstance of a plane being shot, or something like that," she noted, "and that's always a little bit in the back of your mind. But to me, that was sort of like, well you can get hit going down the road in your car. So, who knows." She concluded by stating, "That happens, but I don't think we ever seriously talked about that."

Even though they never talked about combat-related injuries and death, Anita did notice some post-deployment changes in him over time as he reintegrated back into the family. She and her spouse could not define what they saw and the military offered little help with clarification of the symptoms. "We saw PTSD-kinda symptoms long before that. Nobody put it together for us. We saw it later," she said. The symptoms increased significantly during his last combat deployment to Afghanistan in 2002. It was supposed to be a six-month deployment, but he was sent home after just three months in theater. She recalled the onset of more serious symptoms of his decline:

> He came home three months early for not performing in the unit. As we looked back, he had some blast exposure, and then he began making some really egregious mistakes. That's when we saw the brain injury-kinda symptoms. The military saw it, but they

glossed over it. I mean, I think he definitely knew he was making some mistakes. They definitely had some conversations about that but nobody put it together as "you have a head injury and you're not thinking clearly." We got all that together later, but the reason he was working at garrison was he was making uncharacteristic and costly mistakes.

The Air Force decided to send him back stateside and reassigned him from the Air National Guard intelligence unit he served with while deployed to an Air Force Reserve intelligence unit to finish out his military career. She then conveyed what happened next.

So, it was just a little off and I don't think he was quite sure at the moment why they were sending him home early. I don't think it was handled in a sense like let's sit down and talk about this. And, he finished up three years, two and a half years of it to retirement, there, but didn't do any real deployments or anything with them. They transferred him to this other unit and I'm 95% sure that came with making rank. I mean, I think they were trying to let him finish out his time, but I doubt they said anything to that next unit.

The unit transfer was a welcome change for Anita and the kids. Although he reintegrated back into family life, the mood changes, irritability, confusion, disorientation from deployments progressively worsened. As she recalled,

So [his return home] was welcomed in that sense. It's been a long time…almost 20 years, but I do remember having to tip-toe around him a bit when he first came home. About it not being a terribly happy joyous kind of gay feeling. Looking back on it, if he did have a really significant head injury at that point and he came back to two toddlers in this house that he didn't really know, and all that kind of thing, I could fully see that being a difficult situation for him. We didn't really know, at the time. We didn't know.

Seeing and living in the reality of the progression of combat-related injury symptoms and subsequent behaviors was very difficult for Anita. The instances she described speak to the spousal perceptions of marital relationship disturbances that resulted from repeated combat deployments and reintegration cycles of long-term active duty service members.

Theme Three: Adaptability

The third theme of adaptability encompassed the entire deployment cycle. For Anita this theme pertains to how she adapted to his changes as a result of combat-related injuries and subsequent behaviors and how it impacted the marriage. As previously mentioned, Anita and her spouse chose to sign up for the military to supplement his self-employment income as a contractor, accumulate points towards retirement, and secure an enlisted rank promotion. Both felt the hazard pay from deployments would sustain their family and allow them to live a simple life on their farm in the mountains of North Carolina. Even though her husband could decline deployments, he loved serving his country. As a consequence, Anita had to adapt to the reality that she and their marriage were second place to the military. Although unintentional on his part, his choice to deploy repeatedly negatively impacted the marital relationship. Even marital date-nights took second place to deployments. In addition, they had to adapt to his shift from being physically present but mentally absent.

> I think, in general, I always came second. And I always knew that my place was second to whatever the military wanted or needed. And, I think [my spouse] would, as soon as he got deployment orders, he would switch into that mode. And so instead, and I think this comes from fairness on both sides of that, but I think there could have been a different reaction. His side of, like "I got deployment orders so we better get a date night." That was never part of the scene. It was never…it was like "I got deployment orders, now I'm

> Mr. Military, you know. And now I'm gonna do all things military, that I need to do to be ready for the military…and not irresponsible about home things." I think his checklist became "what do I do to be able to deploy." And that included things like "I need to do the oil change in the car." But it did not include things like, "Boy we should go out for …out for a date."

So, the date nights and oil changes for the car became part of predeployment prep. Other items on that checklist included restocking hay for the horses and feed for the other animals, chopping wood for the house, completing any contracting jobs he had, and making sure that banking and legal matters were in order. Anita also learned after the first deployment, and as part of predeployment prep, how to ensure he would have personal family mementos with him during deployments, as she described to me.

> I think one thing we learned in the first combat deployment was after that, I think I was better at sneaking things into his bags. The whole you stick the note in, you stick in the favorite candy, the favorite t-shirt, some extra pictures, you have some things to open later. You know because learning how slow the mail system could be, how infrequent the phone might work. You see the picture of their cot set up and what they've got next to it. Yeah, so I think I was more in tune to that after that first deployment, but I don't think our way of how to deploy changed much. Yeah, and it didn't ever feel like it stopped me from living my life I guess. Life didn't stop while he was gone. You kept going.

Another way that Anita adapted to repeated deployments and reintegrations can be seen in how she viewed those cyclical experiences.

> Oh, so we had a business trip. And I think again, that's more because I didn't delineate between combat and non-combat deployments. Thinking back to the pre-deployment

thing too and the kids, I think that's part of the whole... like thing with going on a business trip… is that they had a lot of time with him, because he was home all the time and they were home all the time. And part of the reason we homeschooled was to work around the rhythms of life which included his deployments.

Thus, for Anita, adapting to military life and deployments was just the way it was. One of the hardest things Anita had to adapt to was the infrequency of their communications while he was deployed, especially overseas and during combat missions.

I mean, what do you do? You have no recourse in that. There were a few times that we did not communicate on the schedule we had set up, for whatever reason... Say there'd be two weeks in a row of not hearing from him. There was one time that I did contact the commander to just let me know that things were okay. I remember that. Sometimes they went out to the field and the schedule got changed, and there was no way to let me know or whatever. How did I handle it? I think I just did. I think it was an expectation that there would be times that we couldn't communicate. It was always an expectation that I couldn't count on communication or... That's why you have a Power of Attorney in place, or whatever. I think that's a normal military spouse thing is you have all that paperwork, just in case. In case they can't communicate, or in case you need their signature, or in case something comes up that you were supposed to have their input on; you're set up for that.

Another difficult thing Anita had to adapt to was the lack of a good support system beyond her mother. There were not a lot of military families in the rural community they lived in and most residents had little if any awareness of military life and culture. Additionally,, she had very little time for self-care to manage stressors associated with being a military spouse and mother. As she recalled, “Self-care was never really a strong suit. I didn't have time, I didn't have

a really good support system." She added that "I had some support system; we were always in church, we were always in some small groups. I don't think they were intentionally negligent about anything, they just didn't get it."

For Anita and her family, there was no military installation nearby or any military families living near them, which made adapting to post-deployment and reintegration back into the family difficult on their marriage, especially after suffered the combat-related injuries. She recalled how they managed his comings-and-goings.

> There was a flip expectation that we would keep doing whatever we did, and we did…and he would come back into that…and kind of pick up his place in that. Yeah, I don't think like he walked back and suddenly like the head of the household was back. It didn't have that feel…and the duties were pretty evenly distributed and that balance carried forth no matter what, whether he out on deployment or not.
>
> I think it might have been confusing if he had been a very equal partner and also travelled a lot and then come back and wanted to assume that role. I could make decisions and routines and I could do whatever, and he would just be okay with that. That was kind of my lane.

Adaptability to the myriad changes, known and unknown, across the deployment cycle, helped Anita cope with the spousal perceptions of marital relationship disturbances that resulted from repeated combat deployments and reintegration cycles of long-term active duty service members.

Theme Four: Acceptance

While the fourth theme, acceptance, also spanned the deployment cycle, it had greater significance during the reintegration phase of the deployment cycle. Sub-themes of clarity and

relief also emerged as being linked to the reintegration phase. The concept of acceptance speaks to Anita's perceptions of marital relationship disturbances that result from repeated combat deployments and reintegration cycles, which are characteristic of long-term active-duty service members.

As previously discussed, she accepted the knowns and unknowns of military life and the deployment cycle when her spouse decided to join the Air Force Reserves and Air National Guard. They accepted the reality of a dual life in some respects—the simple farm life, but not quite the homestead life she longed for. Instead, she was tasked with merging that idealized vision of her family's existence with the military requirements of repeated deployments and reintegrations, which meant that her husband would be away from the family for extended period of time.

One bright spot in the midst of all the deployment and reintegrations she experienced was when he was home. She recalled with fondness the times when there wasn't a deployment looming on the horizon.

> Thinking back to the pre-deployment thing and me and the kids, I think that's part of the whole... Like the thing with going on a business trip is that we had a lot of time with him, because he was home all the time and we were home all the time. And part of the reason we homeschooled was to work around the rhythms of life which included his deployments.

Anita accepted the reality of her marriage responsibilities playing second fiddle to the military. Accordingly, she was willing to make the sacrifices necessary to manage the family and household affairs, ensure that the kids were well schooled and could take part in after-school

activities, and in so doing supported her spouse in focusing on his military commitments and carrying out his work during deployments.

Because she was not a typical full-time military spouse living on a military base, she accepted the reality of not having adequate support from the military. Recall that her husband was serving part-time in the Reserve and National Guard units, which meant living in a rural community miles away from the nearest military installation. Anita also accepted the reality that there were no military families in their rural community and that there were limited resources that she and her family could utilize. This proved frustratingly true when he returned from deployment to his small rural community and had to re-start his contracting business.

> He had a contractor's license. He made custom furniture. It was more a matter of, I'm sure of finding somebody else who you could use it for a little bit, while he kinda built his client base back up. You told all your clients you are gonna be gone for six months, they've moved on.

Also, his military experience and being a combat veteran did not attract any work in their rural community. "No, not where we lived there. Nobody cared at all and didn't add anything to it," she added.

Anita accepted the reality that there would be times when she would have limited, and sometimes no communication with their service member for days and perhaps weeks during his deployments. When asked about the issue of communication, she responded as follows:

> Generally, not. Generally, had very little communication. I don't know that I remember any deployments. Stateside deployments of course are different, which he did a fair number of. But I don't remember any overseas deployments and he did a lot of them, where we had frequent or really good contact. Even once computers started getting up

and running, he would have to go to a bank of computers and wait his turn there and so it was not terribly dissimilar. And then all those complicated things, and then he'd have to check email from his mother, an email from... His time would be split even more than when we were just on phone calls. So, I don't remember frequent or really terribly in-depth communication while he was on deployments, it was pretty surface, unless there was a big something going on that we really had to talk about, it was pretty much, "How was your week?" … and glossed over a little bit and maybe something interesting that he got to go do or that we did.

In considering how the military has changed its stance on PTSD over the past decade and prioritized those suffering from traumatic brain injuries and deployment-related stress, Anita understood that during the 1990s it was a very different environment. She accepted the reality that the military glossed over combat-related injuries like PTSD and TBI when her husband was challenged in this way, instead focusing more on physical injuries. For example, she and her spouse were unaware of the impact of the toxic smoke on his health from the open fire pits burning in the Middle East. Essentially, they had no idea of how the unknown effects of the toxic smoke would impact them and change the marriage and family dynamic forever following his return from combat deployment in Afghanistan in 2002. Additionally, up until the late 1990s, Anita was aware of the severe sinusitis her spouse suffered while deployed in the Middle East. She saw some early signs of deployment-related changes in him but did not know what they were at the time or what caused them.

He did have some nightmares where…and that started in probably 1997 or so. And he had some nightmares where he hit me or shoved me off the bed. That kind of stuff. We just didn't know what to call it. And, he always felt horrible when it happened and he

would say something about "It was a nightmare about when I was over there." But he wouldn't get into it beyond that. I didn't have any tools for processing that either.

Anita also described the short post-deployment processing event that took place once the combat veterans returned from Afghanistan in 2002.

When he came back from Afghanistan, he did come back with two planes full of guys. There was a unit coming back to the same place. There was that whole, everybody lined up on the tarmac celebration, kind of feel to it. We spent the day in-processing him. There were a couple auditorium speeches where they channeled everybody in and they'd get a little bit of a transition talk. I remember a little bit about like, "Make sure you see the chaplain or the doctor if you need to" kind of stuff. And it seems like there was some sort of a card he had to fill out that said he was fit to go home. And, I remember feeling that same way, you don't dare put down in this card that there's something wrong, because that's gonna flag you detrimentally for whatever's next.

She went on to say that "super early in 2002, they weren't doing screenings, they weren't…if you weren't visibly injured…you've got light duty, maybe, if you had a blast exposure. They returned home the same day." Post-deployment out-processing at the installation was easier than her spouse's reintegration back into family life.

Another aspect of the reintegration process was that Anita accepted the reality of taking on more caregiver responsibilities for her spouse, especially after he returned from Afghanistan in 2002. Sadly, as the combat-related symptoms worsened, she had to remind him when to eat, and holding down a job became more difficult.

We all figured out to prompt him to eat, like if he wasn't doing as well. But around this time, he started getting what we call being fuzzy, where he, especially when he was tired,

especially when he didn't eat well, he would not be able to process what we were saying to him, and he wouldn't be able to get words out intelligibly. And this happened at home all the time. It did not happen out [of the house] very often. And so, other people didn't see it, and this is actually what triggered in 2007, it finally happened to an employer. He was trying to keep a job. He retired in 2005, couldn't hold any job for three or four months. He was at one of those short-lived jobs. And something happened. There was an incident, and he got that way to the employer, and the employer said, “Don't come back until you've got a... Had a doctor sign off,” because he thought it was probably blood-sugar related. So, he went to the local health department, the county health department, and the doctor there said, "Have you considered PTSD?" And that was like, that was the first of any of it.

The coding also revealed the sub-themes of clarity and relief as part of the acceptance theme. As Anita mentioned previously, the military appeared to acknowledge that there was an issue, “but just glossed over it.” After Anita’s husband returned from Afghanistan in 2002 in a deteriorated physical and mental state, however, they decided to take matters into their own hands and visit a local, non-military clinic. There, he was examined and diagnosed by a civilian doctor (not by a military physician) with possible PTSD. This likely diagnosis clearly provided some degree of clarity and relief to both Anita and her spouse as to what was causing his worsening physical and mental symptoms and why his behaviors had changed so markedly.

Yeah, and he came home and he told me right away, he's like... Don't remember the guy's name. “Dr. Johnson said this could be PTSD.” And I think in the next couple of weeks he went to the VA; he immediately had a …right off the bat had a 30% rating, he ended up at 100%. We had a word for it and it was such a relief. Yeah… but I mean, finally there

was a reason he wasn't holding his job. There was a reason things weren't going well, and frankly, I don't think we felt a lot of hope in it. I think we felt like... But we had words around, if anything.

Relief and clarity were also part of Anita's accepting the reality of the causes that were impacted his mental and physical health, having received an official VA rating for his combat-related injuries. Having that clarity helped him accept the shift in role changes that they both had to make to accommodate his increasingly diminished capacities.

Yeah, but I think it was affirming in the sense of like we already felt it, we just didn't know what to do with it. And then he had that whole—not only military, but Christian man perspective of like, "I'm supposed to feed the family. I'm supposed to be the weight." And I think there was a little bit of pressure taken off at that point. When the military family gets... They gave him an immediate rating, which I think helped validate things for him, and for me. And I think it was also, it was a reasonable justification for me, for us to switch roles. And he needed that. That was a lot of our perspective at that point was like, "This is not…it's not his making, not something he did wrong, and also nothing that's gonna get fixed overnight."

Thus, Anita, true to her New England depression-era stoic heritage inherited from her mother, accepted the responsibility as primary breadwinner.

My reaction was like, this is really something, I need to become…I need to be able to make money, like real money. And I jumped into fix it mode, and took the GRE within two weeks, and talked my work into sending me to grad school, which they had a program, I was working in the library. They had a program where if you were there for two years, they would send you to grad school.

Never one to sit back and wait on support from family, her rural community, or the military, Anita accepted responsibility and did what she needed to do to keep the family going.

> And then when he died, it made all the difference in the world that I was already employed. I already had... My life was sort of set up, as opposed to people who just... And I know several people now, who just . . . their world was not only completely up-ended, but they had no financial recourse. They don't have anything set up for themselves.

In summary, this section reveals how the four themes associated with the deployment cycle impacted Anita's perceptions of the relationship disturbances that emerged in her marriage as a result of the repeated combat deployment and reintegration cycles that her husband experienced as a long-term active duty service member. This next section addresses the findings that emerged in connection with the second research question: What are the spousal perceptions of parenting relationship disturbances that result from repeated combat deployments and reintegration cycles of long-term active duty service members.

Results Associated with Research Question Two

The second research question was designed to determine the perceptions of a military spouse regarding the parenting relationship disturbances that resulted from the repeated combat deployments and reintegration cycles of her long-term active duty service member spouse. The results associated with this question are also detailed below according to the four themes. The results, particularly in connection with Themes Three and Four, highlight the ability of their children to be resilient and adapt to/accept the myriad changes that they confronted throughout the deployment cycle.

Theme One: Choice

As discussed, Anita and her spouse chose military service as a means of providing stable income to support the family, as well as increased opportunities for promotion in rank, and building points towards retirement. Initially, both had some awareness of the impact of the military deployment cycle on their family, but reality sank in during their first pregnancy. Anita's spouse was a few hours away from home on annual Reserve training prior to his son's birth. Unlike some of his other deployments, and especially those overseas, he was able to return and be there to witness his son being born. The predeployment prep for the family during the initial years of part-time service in the Air National Guard and Air Force Reserves consisted of packing the duffle bag so he could take part in monthly training exercises and one longer two-week commitment.

For the most part, the kids viewed the assignments and deployments as "business trips" and went about life as usual. Anita did her best to maintain a consistent, structured routine for the kids. She and her spouse also had a regular predeployment routine for ensuring the proper running of the household and farm affairs while he was away. The initial Reserve and National Guard assignments deployments, particularly stateside, minimized the post-deployment and reintegration impact on the children. Knowing that she and her husband chose military service—and not their children—served as motivation to keep their home life as stable as possible during deployments. "Yeah, I don't think I ever felt blind-sided by deployment. That was all pretty clear. And he would be on orders for a certain amount of time . . and [that] generally didn't change except for a few times," Anita also recalled the following:

> A few of them came up very quickly, but I think we expect that. 9/11 happened and the first thing he said was…it was actually…9/11 was the day before our son's birthday, and

so we switched and went out to dinner that night. We took him out for pizza because we didn't know if the next day he'd be called up. That was just the expectation.

While the upside of three and six month deployments provided increased income, the largely unspoken downside was that an increased number of deployments, particularly combat-related ones, would negatively impact the parental relationships.

Theme Two: Progression

As mentioned earlier, Anita's spouse deployed to the Middle East consistently during the 1990s, participating in Desert Storm, Desert Fox and Desert Watch. During that time, he performed his duties in the midst of toxic burn pits and had to wear chemical gear to protect himself from the noxious effects of the smoke. In addition to the severe bouts of sinusitis, she and the kids noticed other combat-related symptoms. The biggest problem for her and the kids was not knowing what the symptoms were, what caused them, or how to deal with them.

Because he was not part of an actual unit when he deployed, post-deployment and reintegrations consisted of him getting off the plane and returning home, typically the same day he arrived. Anita and the kids did notice some post-deployment changes in him over time as he reintegrated back into the family. In particular, she shared one reintegration-related incident that occurred a few months after he returned that really caught her and the kids' attention:

So, it was warm enough weather outside. I couldn't tell you when it was but we were living in the North Carolina mountains so it probably was May by then. My son was chasing his buddy. We had a water spigot by the well head down by the garden. So, it was not right in our house yard part. He and his buddies got into a water. They opened the water spigot and began throwing kind of buckets of water at each other, and he hit the roof and went and got a padlock and padlocked the well handle down, and sent the other

> boy home. Just a really over-the-top reaction. It wasn't like we had a water shortage or anything. And then the other parents who we were pretty good friends with…the other parents came over and were like "That was a really unreasonable reaction and Lane is really upset," and it became this whole big situation. That's the first I remember really having to help mitigate problems that were caused…you know that he caused with behavioral outbursts or issues he didn't see a problem with. In his mind the boys were doing something totally egregious. That's the first time of like…yeah, something's really…something's uncomfortable. For the kids, it would just be uncomfortable…start watching yourself.

Third Theme: Adaptability

As noted earlier, the theme of adaptability encompassed the entire deployment cycle. From the children's perspective, it involved how they adapted to military life and their father being gone without much warning for sometimes long periods of time; adding to the stress was not always knowing where he was going. "And it started from the time they were born," Anita recalled. "Before they both were born . . . was really normal. We did have foster care kids prior to Afghanistan, and I remember there being a fair transition with them after he was gone." She also recalled that they didn't understand why he was gone or where he went. "And, they were still little…they were one and three, not even, But my kids—the birth kids—I don't think we did anything special," she added.

Another way the kids adapted to repeated deployments and reintegrations can be seen in how they viewed those cyclical experiences.

> Oh, so we had a business trip. And I think again, that's more because I didn't delineate between combat and non-combat deployments. Thinking back to the pre-deployment

> thing too and the kids, I think that's part of the whole... like thing with going on a business trip… is that they had a lot of time with him, because he was home all the time and they were home all the time. And part of the reason we homeschooled was to work around the rhythms of life which included his deployments.

Thus, for Anita and the kids, adapting to military life and deployments was just the way it was. The kids also had to adapt to being second place to the military. Although unintentional on his part, his choice to deploy repeatedly impacted the parenting relationships, particularly when prior to deployments. When deployment orders came in, although he was physically present and around the home, he was more emotionally distant.

Adaptability played a significant role during deployments in how Anita and the kids managed their daily routine. She had a lot on her plate with solo parenting, managing household affairs including taking care of the farm animals, milking the goat twice daily, keeping up with the firewood, car repairs, homeschooling, shuffling kids to activities, and discipline. She did have help from her mother who lived next door for a few years and from a few friends in their church and community. Anita recalled the routine, as follows:

> Get rid of the homestead thing, right. So, here's a day in the life. He's gone, I've got these two long fosters, I've got these animals to take care of, I've got these other kids to take care of. We're home schooling but it's summer, so we didn't really follow either school routine anyway. But the kids were acting. So, you spend the day doing all the things you need to do with the kids. One of our fosters had severe special needs and so we had therapies or whatever that we had to keep up with. Then my mom took the fosters from 5 o'clock on. I drove the hour and a quarter to the theater. The kids did a show. It was Summer Side Professional Theater. So, they were the kids in The Sound of Music, or the

> kids in The Music Man, or that sort of thing. Get out of the show at 10:30 at night, we'd drive the hour and a quarter home. And I had chained the milk goat to the front porch of the house so that when I got home, I could put the kids in bed, run outside, milk the goat... [chuckle]. And you just deal with it. You just do what kinda needs to get done and you figure out a way to do it. And then we would do it again the next day 'cause the show would run for three and a half weeks or whatever.

An interesting finding that emerged from this study is there didn't seem to be dramatic shifts in parenting responsibilities when he was home and when he was deployed. Thus, adaptability was less of a challenge for Anita even when he was home because she had become so accustomed to managing the kids and household on her own. She voiced this theme as follows: "And the downside of that is he was not an equal parenting partner when he was home either." She added that he "was not the dad who kind of like…he was not a bad dad, but he didn't do the like…'yeah, I'll take the kids to the doc today and you go do something'… he wasn't that kind of dad." In some ways, Anita viewed her spouse not being an equal partner in parenting as a good thing in some respects, as it simplified the extent to which they both had to adapt to his return during reintegration.

She expanded on that concept of not having to shift power back and forth upon reintegration:

> It might have been harder if he was gone for four months, we shifted how we did things, or I was dealing with discipline of the kids or we were dealing with friend issues or whatever, and then he came back and really wanted to be in the middle of it; that might have been harder.

Theme Four: Acceptance

While the fourth theme, acceptance, also spanned the deployment cycle, it had greater significance during the reintegration phase of the deployment cycle. The concept of acceptance speaks to Anita's perceptions of parenting relationship disturbances that resulted from repeated combat deployments and reintegration cycles, which are characteristic of long-term active-duty service members. One bright spot in the midst of all the deployment and reintegrations she and the kids experienced, was when he was home. She recalled with fondness the times when there wasn't a deployment looming on the horizon.

> Thinking back to the pre-deployment thing and the kids, I think that's part of the whole... Like the thing with going on a business trip is that they had a lot of time with him, because he was home all the time and they were home all the time. And part of the reason we homeschooled was to work around the rhythms of life which included his deployments.

Anita noted that because her kids were born into the military lifestyle, she believed this helped them cope more easily with the frequent "business trips"/deployments and reintegration cycles. "It was our normal family cycle. It was what our family did," she stated. Anita had to help her spouse accept the reality that family routines were different and the kids were growing up and changing. She recalled some specific events that illustrated her perspectives.

> That was always a little bit tricky, because especially if he was gone for several months, we had established new routines. The kids were growing up. Things were changing, new clubs, new friends, new whatever. And he would come back and sort of expect things to pick up where he left off. And they would not be where he left off. And I remember having some unreasonably knocked down drag out fights over things like where you put

the shoes. We don't put our shoes there anymore. We found a new spot for that. We made room in the closet or whatever it was. And we don't leave our shoes by the stairs anymore. Well it was just... He would just do it, and I didn't like it. It would be me that would be like the first three times it's like, "No. Remember, we have a new system," and he would keep ignoring the new system. And at some point, it would be like I've had enough, we had to move on. We had to do what every normal family does, which is sometimes you change things up a little bit and you adapt and you find a new way."

Representing an exponentially more difficult condition to accept was the ongoing physical, emotional, and mental deterioration of her husband. Ultimately, however, she had to accept the fact that even though "on paper" as a part-time Air Force soldier he should have been at lower risk for harm, he suffered what came to be tragic combat-related injuries that impacted his quality of life with his family post-deployment and during reintegrations. Anita also had to accept the reality that the military glossed over combat-related injuries like PTSD and TBI when her husband was challenged in this way, instead focusing more on physical injuries. For example, both Anita and the kids were unaware of the impact of the toxic smoke on his health from the open fire pits burning in the Middle East, and that it represented the beginning of physical combat-related injuries and behavior changes. Essentially, they had no idea of how the unknown effects of the toxic smoke would impact them and, ultimately, change the parenting relationship dynamic forever following his return from combat deployment in Afghanistan in 2002.

As conditions worsened, another aspect of the reintegration process was that Anita and the kids had to accept the reality of taking on greater caregiver responsibilities for their loved

one, especially after he returned from Afghanistan in 2002. For example, she recalled their daughter's involvement in his care.

> And, around this time, I would say, eighth, ninth, tenth grade, she really began taking on a parenting role. So, one of the things she wrote her college essay, from like between high school and college, [was] on having to be a parent? We didn't know what to call it at the time, which was really in... sorry, 2010. We didn't know brain injury at this time, we knew PTSD. She wrote her essay on having to take on kind of parental-level responsibilities in high school. And that included things like, if he was supposed to come drive them, he often wouldn't show up on time, or he wouldn't take the right road, or he wouldn't, whatever. And she was very alert to checking on him. And I think we all were at this point, making sure somebody had to sort of be aware of where he was driving or what he was doing, or what was on his schedule, so that we could help prompt him to keep his schedule.

Working together as a team, the kids and Anita chose to maintain a stable home environment and routine, while assisting their service member husband/father in getting the treatment and services he needed during the progression of combat-related symptoms. Finally, having a clear, definitive VA diagnosis and rating, along with appropriate treatment protocols, provided clarity and relief to the family, enabling them to adapt and accept the impact of his combat-related physical and mental injuries and behavior changes.

Summary

In analyzing the qualitative data for the two research questions, four distinct themes emerged, coupled with two sub-themes. The four major themes were choice, progression, adaptability, and acceptance; two additional sub-themes, clarity and relief, also emerged from the

data. For the most part, the themes were relevant and applicable across all four phases of the deployment cycle.

The emergent themes serve to shed light on the many challenges that spouses and families are likely to confront during repeated combat deployment and reintegration cycles, and how one individual with deep knowledge of this cycle perceived those issues as impacting her marital and parenting relationships. The thematic findings that emerged from her lived experiences helped to answer the two research questions, as intended. Although Anita weathered the many challenges she faced with apparent grace and resilience, her spouse was not so fortunate. Sadly, Anita's husband was unable to overcome the compounded effects of his deployment and reintegration cycles and died by suicide earlier in 2020 as a result of the cumulative effects of PTSD, TBI, and Chronic Traumatic Encephalopathy (CTE)—all combat-related injuries he sustained during multiple deployments.

CHAPTER FIVE: DISCUSSION

Introduction

This study emerged from a longstanding desire to more fully understand the range of problems that deployed service members—and particularly those in the National Guard and Reserves—experience, and how the potential emotional, physical, and psychological issues resulting from repeated deployments and reintegrations can impact the lives of their partners/spouses and children. As detailed throughout this dissertation, depending on the service branch (Army, Air Force, Navy, Marine Corps, and Coast Guard), the four-phase deployment cycle can represent an ongoing and major aspect of military life and service—not just for the service member but their families as well. Although the findings discussed in this chapter cannot be considered to be universal for the wider population of service members and their spouses/children, the results from this single case study do highlight and reinforce the degree of resiliency Anita and the children displayed during the deployment cycle, as well as after his death by suicide.

To reiterate, predeployment, the initial phase, is defined as preparing military personnel for assignments overseas, whether in an active war zone or to a less dangerous assignment. Deployment, the second phase, represents the actual boots-on-the ground experience in the designated area for various periods of time, ranging from 30 days to more than a year. This phase is characterized by service member's performance of military duties within the theater of operations, whether overseas (and potentially in combat conditions) or in the United States. When in-theater operations conclude, the post-deployment phase begins as service members return to their respective units, installations, or homes to their normal lives, jobs and/or duty assignments. The final phase, reintegration, is characterized by service members returning to

their families, the community, and jobs. For active duty personnel, reintegration refers to resuming life on their assigned military installation. For Reserve and National Guard service members (i.e., part-time service members), reintegration back into families and jobs will more typically occur in their hometown and unit, which can be quite some distance from the nearest military installation. Such was the case with Anita and her husband and family.

As discussed earlier, men and women join the military for many reasons, including career progression, a desire to serve one's country, a preference for the military's focus and structure, potential for promotion in rank, education, health and retirement benefits, decent pay, and travel. Anita and her spouse chose to serve part-time in the Air National Guard and Air Force Reserves for some of the above reasons.

This chapter presents a discussion of the findings that emerged from the interview data. As noted in Chapter 4, coding of the qualitative data obtained from the single participant who took part in this study resulted in four unique themes: choice, progression, adaptability, and acceptance. All of the themes were found to be applicable across the four phases of the deployment cycle—predeployment, deployment, post-deployment and reintegration. These themes helped to shed light on how repeated combat deployments and reintegrations could have negative impacts on spousal perceptions of both marital and family relationship disturbances.

Creswell and Poth (2018) described the importance of narrative stories for the qualitative researcher as follows:

> Narrative researchers collect stories from individuals and documents, and group conversations about individuals lived and told experiences. There may be a strong collaborative feature of narrative research as the story emerges through the interaction or dialogue of the researcher and the participant(s). Narrative stories tell of individual

> experiences, and they may shed light on the identities of individuals and how they see themselves. Narrative stories are gathered through many different forms of data, such as through interviews that may be the primary form of data collection. (pp. 68-69)

This quote really captures what I hoped to glean from the interview process with Anita: giving voice to the narrative of her lived experiences and bringing life and context to the research topic. This expectation of capturing and understanding the lived experiences of someone with first-hand knowledge of the complexities and challenges of the full deployment and reintegration cycle directed the choice for a qualitative design and phenomenological approach for this investigation. Conducting the participant interviews and giving voice to her family's experiences assisted in answering the two research questions that guided this study:

1. What are the spousal perceptions of marital relationship disturbances that result from repeated combat deployments and reintegration cycles of long-term active duty service members?
2. What are the spousal perceptions of parenting relationship disturbances that result from repeated combat deployments and reintegration cycles of long-term active duty service members?

With research questions answered, it is time to consider what to do with the information gleaned from this research study, as well as contemplate other queries generated from the four themes.

Discussion of Research Question One

This first question sought to determine how this study's participant perceived the stresses that repeated combat deployment and reintegration cycles had on her marital relationship. Results will be discussed according to the four emergent themes. It should be noted that Anita's responses often spilled into issues concerning their children and how they responded to their

father's gradual deterioration. As much as possible, however, every attempt was made to differentiate the interview data according to the two research questions.

Theme One: Choice

The first emergent theme was choice. As noted, Anita's then-future husband had already served six years of active duty service in the Air Force, but left military service and decided to go to college. They met in college while both attending a Russian History class, and eloped a year later. At that time, Anita had not anticipated that she would become a military wife, but based largely on short- and long-term financial considerations, Anita and her spouse jointly decided that he would return to military service as a reservist with the Air National Guard and Air Force. Despite the hurdles that Anita described and that she had to overcome during the deployment cycle, she indicated that they chose to make the military life work. What came through the four themes was a sense of human resilience and courage. As Anita said throughout the interview process, "It was just the way it was and we made it work."

On the downside, the qualitative data that emerged from interviews with Anita indicate that her spouse did not fully prepare her for the myriad challenges of military life and culture, what the deployment cycle actually was, and the impact it would have on her marital expectations. In the author's view, the deployment and reintegration cycle is a complicated and potentially traumatic process, especially when the deployed service member is exposed to combat situations and may return with physical and psychological injuries, as was the case with Anita. Through repeated cycles, however, she came to understand (often through trial and error) how much she would have to sacrifice to the military, and that some her of choices would be made by the Air National Guard and Air Force Reserves.

Beyond that, however, the theme of choice was clearly evidenced in the day-to-day decisions the Anita and her spouse made based on the deployment cycle, which clearly took over a major portion of their lives. It must be stressed that even though she had no prior exposure to military life and culture and the myriad changes that come with it, she and her spouse chose it, never looked back on the decision once selected, and made the best of it throughout the entirety of the service member's military career.

In fact, study results also showed that Anita was an equal participant in her spouse's choice to re-sign with the military after the terrorist attacks on September 11, 2001. Post 9/11, the couple joined the ranks of approximately 800,000 Reserve and National Guard service members who chose to sign up to serve and defend the United States. They, like 45.9% of their counterparts, were married, and 42.5% of these reservists had children. When the participant's service member deployed on active duty status, he was one of 48% of combat veterans who served two or more tours (DoD, 2013).

One research study takeaway from the theme of choice, as it pertains to spousal perceptions of disturbances in her marital relationship, was that the conscious decision to choose a military life based on the perceived plusses was not accompanied by a nuanced understanding of what that might entail in her and her family's day-to-day existence. In fact, she felt ill-equipped and lacked an awareness of how to deal with the multidimensional aspects of military life and the impact that multiple deployments and reintegrations would have on both her desire for, and the reality of, a simple life in the country and marriage. Inspired by her mother's stoic "do what you have to do" attitude, Anita managed the deployment cycles to the best of her abilities.

Paley et al.'s (2013) application of the family systems perspective, which primarily focuses on the interrelatedness of individuals and relationships within families, provides a means of understanding the myriad changes and complex nature of the military family (specifically Anita and the children) and their deployment experiences. The participant sacrificed her desire for a simple, uncomplicated lifestyle that involved raising kids on a farm with farm animals for the sake of her husband's service in the military.

Theme Two: Progression

The second emergent theme was progression. Anita conveyed the slow sequence of unforeseen events associated with the combat-related physical and mental injuries and subsequent behavioral changes in her spouse. She appeared to be unprepared for the extent to which repeated combat deployments and reintegrations would impact her relationship with her spouse. Although most of his deployments were stateside and manageable, more serious issues stemming from war-related trauma and injuries emerged and progressed and during and after his combat deployments overseas to the Middle East and Afghanistan.

Even at the onset of symptoms, Anita and her spouse never talked about the possibility of combat-related injuries or even the possibility of death during his military career. He, in particular, felt it was just part of combat deployment. Anita described her spouse's "macho GI Joe" attitude, the negative stigma associated with combat-related injuries (especially mental health ones), and issues pertaining to personal confidentiality as reasons not to disclose or discuss the topic. Not surprisingly, the greater the progression of symptoms, the greater the impact on her perceptions of marital relationship disturbances. As previously mentioned, Anita and her spouse's awareness of the stigma associated with combat-related mental health injuries kept them from disclosing anything beyond the confines of the family unit, or really even

discussing it thoroughly within those boundaries. In particular, both felt it would have a negative impact on their finances, promotion potential, and retirement points.

Theme Three: Adaptability

The third emergent theme was adaptability, referring to how Anita and her children adapted to military life, and notably to the service member's physical, mental, and behavioral changes that resulted from combat-related injuries. This theme was also applicable across the deployment cycle. Initially, adapting to military life in the Reserves and National Guard was manageable for Anita and the kids. As previously noted, she made it work. Most of his early deployments were stateside and he would return home and resume normal functions within the family. Anita and her children viewed those early deployments as" business trips," which made adapting easier.

Adapting to the then-unknown (or certainly little-discussed) conditions and causes of his combat-related related injuries proved more difficult. In the 1990s and early 2000s, Anita's experience with and understanding of her husband's issues largely focused on physical injuries; conversely, at that time there was little emphasis in the military on psychological-emotional injuries like PTSD and issues related to TBI.

Their way of adapting to that reality was to not talk about it between themselves, the kids, extended family members, friends in their community, or reach out to the military for help and resources. Moreover, as the service member's symptoms, behaviors, and neurological functioning deteriorated, they all had to adapt to family role changes. Anita and her children had to became caretakers for the service member, which involved taking on greater responsibilities managing the farm and chores around the house. In addition to primary caretaker, the participant eventually had to become the family breadwinner too.

Anita's circumstances following her husband's four combat deployments were significantly different and had a negative effect on her perceptions of marital relationship disturbances, and by extension how the family adapted to the deployment/reintegration cycle. In many ways, their ongoing adaptations to military life highlight the significance of Pott's (2016) six principles of family systems theory: (a) a family system should be considered as a fluid unit, such that when something happens to one member it impacts the other members; (b) a family is made up of subsystems that must be considered when devising therapeutic approaches; (c) there are boundaries surrounding both family subsystems and the family unit with rules that govern them; (d) interaction patterns between individuals and subsystems are circular, not linear; (e) a family system has features that seek to maintain the unit's equilibrium or stability so that when something occurs to alter family patterns, the family seeks a return to the former stable state; and (f) families are always in flux. As Anita described her experiences as a military spouse with children, it became clear that as much as they tried to adapt to many changes they witnessed in her spouse and the effects that had on the family unit—which were a direct result of combat deployments—no degree of adaptation could counter the devastating effects of PTDS, TBI, and other physical injuries resulting from military deployments.

Theme Four: Acceptance

The fourth theme of acceptance was relevant throughout the deployment cycle but had greater applicability to the reintegration phase. As evidenced in the findings that emerged from the data, Anita accepted the duality of the knowns and unknowns of military life along with trying to maintain some semblance of a normal family life. Even though she was disappointed at not having the "homestead" life she had envisioned when first married, Anita accepted the fact that repeated deployments and reintegrations would have an inevitable impact on her marriage in

terms of having to shoulder more of the daily burdens. Anita also came to accept the reality that the marriage and family were second to the military and deployments. She and the kids drew strength from each other and kept the family routine going during his deployments.

Accepting the reality that their loved one would never be the same due to the progression of his combat-related injuries proved more challenging and complicated. The service member did finally, after 10 years, get official diagnoses of PTSD, TBI and CTE resulting from an estimated 13 blast exposures while in Afghanistan, as well as the effects of chemical warfare from inhaling toxic smoke from burn pits in the Middle East.

Discussion of Research Question Two

This study's emergent themes of choice, progression, adaptability and acceptance helped to shed light on how repeated combat deployments and reintegrations could have a negative effect on spousal perceptions of parental relationship disturbances resulting from repeated combat deployments and reintegration cycles.

Theme One: Choice

As mentioned previously, Anita and her spouse made the choice for military service as a means of providing stable income to support the family, as well as increased opportunities for promotion in rank, and building points towards retirement. Initially, both had little awareness of the overall impact the military deployment cycle would have on their family, specifically the children. For the most part, throughout the deployment cycle, they viewed the deployments as "business trips" and went about life as usual. Anita did her best to maintain a consistent, structured routine for the kids. She and her spouse also had a regular predeployment routine for insuring proper running of the household and farm affairs while he was away.

Initially, his Reserve and National Guard assignments and deployments, particularly stateside, minimized the post-deployment and reintegration impact on the children. The fact they chose military service served as motivation, especially for Anita, to keep home life as stable as possible during deployments.

Theme Two: Progression

The second emergent theme was progression. Anita and the kids were unaware of how the slow sequence of unforeseen events associated with the combat-related physical and mental injuries and subsequent behavior changes in her spouse would ultimately affect them. However, they did notice some post-deployment changes in him over time as he reintegrated back into the family. The progression of war-related physical and mental injuries began during his combat deployments to the Middle East in Desert Storm, Desert Fox, Desert Watch and Afghanistan. He experienced mood swings, short-term memory loss, irritability, bouts of sinusitis, nightmares as well as a lack of focus. The biggest problem for her and the kids, was not knowing what the symptoms were, what caused them, or how to deal with them.

Because he was not part of a specific unit when he deployed, post-deployment and reintegrations consisted of him getting off the plane and returning home, typically the same day he arrived. As indicated earlier, having post-deployment and reintegration services is not always the case for National Guard and Reserve service members, with the exception of being deployed. The war-related symptoms continued to progress with each combat deployment to the extent the kids took on a greater caretaking role to help their father. They had to remind him to eat and help him maintain the daily family schedule. And, even though watching the progression of his combat-related injuries was difficult, the kids proved resilient in their ability to adapt to their father's issues. Anita was also instrumental in helping them adapt to the changes. With

multiple deployments and reintegrations under their collective belts, Anita and kids did what they had to do to manage during the deployment cycle.

Theme Three: Adaptability

As noted earlier, the theme of adaptability encompassed the entire deployment cycle. From the children's perspective, it involved how they adapted to military life with their father being gone consistently for periods of time, and not always knowing where he was going. Their way of adapting and dealing with his combat-related injuries was to not talk about it between themselves, the kids, extended family members, friends in their community, or reach out to the military for help and resources. Moreover, as the service member's symptoms, behaviors, and neurological functioning deteriorated, they all had to adapt to family role changes. Anita and her children became caretakers for the service member, which involved taking on greater responsibilities managing the farm and chores around the house. In addition to being the family's primary caretaker, Anita eventually had to become the family breadwinner too.

Theme Four: Acceptance

The fourth theme, "acceptance," also spanned the deployment cycle but had greater application in the reintegration phase of the deployment cycle. As evidenced in this findings that emerged from the data, Anita and her children accepted the duality of the knowns and unknowns of military life along with trying to maintain some semblance of a normal family life. She accepted the reality and sacrifice of not having the family life she had envisioned for her children. She and the kids also accepted the reality of that repeated deployments and reintegrations would have an impact on their lives. The biological kids were born into military lifestyle, while the foster and adopted kids were younger in age during his deployments. All family members accepted the reality of him being away from the family for significant periods of

time as just a normal part of life. Anita and her children also accepted the reality that the family was second to the military and deployments. They drew strength from each other and kept the family routine going during his deployments.

Implications

Several considerations emerged from the themes as they relate to the deployment cycle and the research questions, which suggest wide-ranging implications for how the DoD, VA, counselors, counselor educators, and other stakeholders engage with deployed service members. Principally, these various groups must be more proactive in developing policies and procedures, treatment protocols, assessment tools, and targeted educational and mental health resources to better serve and enhance the quality of life for combat veterans, their partners, and their children. For instance, how can mental health resources and other services be made more readily available to prepare the service member, his spouse, and the family better once the choice had been made to enlist, and throughout the years that follow that decision? In Anita and her husband's case, the fact that he was a reservist living off base rather than full-time military on base meant that he and the family had fewer easily accessible resources available to them. Thus, for Reserve and National Guard service member and their families, how could mental health resources and services be brought to bear from military installations at large to decrease the feelings of isolation and detachment?

Given the inexorable progression of this combat veteran's decline—and certainly other service members at risk for similar issues—the range of governmental agencies who serve this population should partner with private and nonprofit mental health agencies at the national, state and local levels to provide psycho-educational services and resources to assist service members and their families.

Another implication that emerged from the data has to do with decreasing the stigma associated with seeking mental health services. These issues can no longer remain in the shadows. What can the DoD, VA, and other governmental agencies do in the future to decrease the fear of reprisal for disclosing mental health issues associated with combat-related injuries? Certainly changes are occurring, but more needs to be done to disseminate reliable information about mental health care and work directly with service members to eliminate falsehoods about the stigma of seeking assistance. The military needs to up front and proactive about encouraging service members who need care to seek help.

An issue that emerged from theme adaptability is whether the DoD have done a better job of proactively preparing this service member (a Reserve and National Guard warrior in a rural community without ready access to base resources), his spouse, and children for the multi-dimensional aspects of deployment cycles and their impact on marital and parenting relationships? The implications of Anita's experiences are that the family was largely unprepared for adapting to the myriad changes that occurred as a result of his combat-related injuries. The military and related and their impact on the family dynamic, routine and subsequent role changes?

From the standpoint of the acceptance theme, could the DoD, VA and other governmental, private and nonprofit mental health agencies at the national, state and local levels have done a better job of proactively educating, treating, and creating protocols to meet his, the spouse's, and the children's needs? And, why did it have to take 10 years before the service member and his family had an official VA diagnosis and recognition of his combat-related injuries? Recall that it was a civilian doctor from a local clinic who diagnosed the service

member's combat-related injuries providing clarity and relief to him, Anita and their children, which should not have been the case.

Another implication that emerged from this theme is that the DoD, VA, and other governmental, private and nonprofit mental health agencies at the national, state and local levels could do a better job of helping the service member, his spouse, and children in the area of life/work balance. For instance, the use of proactive psychoeducation and mental health assistance prior to deployments represents a viable strategy for helping service members and their families better manage as a team, as opposed to what Anita identified as playing a secondary role to the military.

Answers to these questions and addressing these issues could fuel greater debate, discussion and more research studies on how to enhance the quality of mental health services for our veterans and their family members. The answers could also improve military spousal perceptions of marital and family relationship disturbances resulting from repeated combat deployment and reintegration cycles of long-term active duty service members.

As detailed in the first chapter of this dissertation, many recent studies indicate that services offered to returning combat veterans that seek to address combat-related injuries like PTSD and TBI, do not fully attend to the range of both subtle and overt disturbances to interpersonal relationships (e.g., Karney & Crown, 2011; Reisman, 2016; Schnittker, 2018; Watkins et al., 2018). A review of the literature on how repeated combat deployments impact family relationships upon reintegration reflects a dearth of research on this issue and the other challenges they face. These reintegration challenges can be especially difficult for combat veterans who must grapple with physical, mental, and emotional injuries stemming from their battle engagement—most notably PTSD. Other challenges reflected in U.S. Army RESET Guide

for Professionals (2010) include traumatic brain injury, depression and anxiety, alcohol and substance abuse, suicide ideation, domestic abuse, child abuse and neglect, and grief and loss. These serious, often sudden, changes impact family members too. Unfortunately, during my counseling interactions (also upheld by other anecdotal reports), many veterans and their family members have indicated that military pre-deployment and post-deployment briefings are inadequate in preparing them for real-time combat-related changes and experiences (e.g., Coppola et al., 2020).

As discussed earlier in this dissertation, combat veterans who serve this country can and do return home with an array of wounds and/or challenges, which can be physical, psychological, or emotional—or all at the same time. Typically, the treatment protocol for returning veterans suffering from PTSD and other physical, mental, and emotional injuries includes case-management services by social workers and medication management (e.g., Kime, 2019; Watkins et al., 2018). While this approach helps many, too often combat veterans indicate that the post-deployment reintegration protocol offered by the military is insufficient, poorly planned, and/or is not sustained to the extent that is needed (Reisman, 2016). Moreover, prescribed medications can do little to help the mental and emotional state of returning combat veterans (Reimann & Mazuchowski, 2018). Exacerbating the problem is that once combat veterans return to the US, many talk about feeling unprepared for dealing with the impact of war-related changes, which is a perspective that family members also express (Karney & Crown, 2011; Schnittker, 2018). The participant interviews and study results offered real lived experiences that validate the above research facts.

The literature review provided in Chapter Two also underscores a significant need for more in-depth information and research to address why both active-duty service members and

National Guard reservists who undergo repeated combat deployments are at risk for disruption in their marital and family relationships during each reintegration phase of the deployment cycle (e.g., Currie et al., 2011; Elnitsky et al., 2017; Marek & D'Aniello, 2014; Marnocha, 2012; Paley et al., 2013).

This lack of a comprehensive deployment cycle protocol can cause significant problems for veterans and family members, such as work/life readjustment stress, family role adjustments, domestic violence, marital and relational dysfunction, child neglect and abuse, increased substance use and dependence, isolation, and increased risk of suicide. These specific challenges impacting the lives of combats veterans and their family members highlight the need for greater focus by federal government agencies like the Department of Defense, the Veterans Administration and a host of other non-governmental, healthcare, and behavioral health organizations. Together or separately they need to create reintegration protocols that enable combat veterans to successfully and efficiently reintegrate with their families and civilian society. The following sections address specific areas that findings from this study could support.

Implications for Counselors and Treatment Providers

The theoretical perspectives that guided this study can provide a foundation for clinicians or counselors who seek a better understanding of the impact of repeated combat deployments and reintegrations on marital and family relationships, with the goal of developing appropriate treatment protocols for this population. From Minuchin's (1974) perspective on family systems theory, a clinician should focus on clarifying and understanding the family dynamics of their clients, as well as determining the relationships between subsets of the family, (i.e., marital relationship between service member and spouse; or service member and/or spouse relationships with children, etc.). Such knowledge may help to overcome dysfunctional relationships within

the family so it can stabilize for the benefit of all. In other words, clinicians cannot begin to help military families without first understanding how they interact under the extreme pressures and stressors associated with repeated deployments and reintegrations that are part of the deployment cycle.

Bronfenbrenner's (1979) social ecological systems theory initially focused on how the innate characteristics of children, coupled with how they interact with their environment, will impact how they develop. Thus, EST speaks to the second research question of spousal perceptions of parenting relationship disturbances due to repeated deployment and reintegrations. Later on, Bronfenbrenner and Morris (1998) expanded EST to include not only within-family interactions, but also focused on the importance of "the larger systems within which military families are embedded" (p. 247), which later researchers described as the social-ecological model (e.g., Elnitsky et al., 2017; Marek & D'Aniello, 2013; Marnocha, 2012; and others). Accordingly, an EST-focused emphasis on the impact of environmental influences on child development in clinical settings may provide a theoretical baseline for appropriate research and practice protocols. Such a theoretical foundation could assist clinicians in addressing the needs of service members and their families during deployment and reintegration cycles.

In order for counselors and treatment providers to effectively treat and serve this population, they have to understand and have an awareness of the deployment cycle, as well as the intricacies of military life and culture which is so different from civilian life. The treatment protocols need to be tailored for this special population in order to be effective. Counselors should also have an awareness and understanding of DoD and VA policies and procedures in terms of standard military protocols and structure, as well as treatment protocols and services these organizations offer service members and their families.

Implications for Counselor Educators

Another implication from this study pertains to the effectiveness of graduate counseling programs and the degree to which current curricula are inclusive of the growing number of service members and veterans. In particular, counselor education programs could be more attuned to the real world, real-time clinical experiences that licensed counselors from mental health private and nonprofit agencies and private practices bring to the academic experience. A greater collaborative effort would go a long way to developing and enhancing treatment protocols and services to address the specialized needs of current and former military personnel and their families. Practicum and internships, as well as graduate assistantships in counselor education programs that focus on the needs of military personnel (e.g., the military cadet program at Virginia Tech) can provide training and familiarization of military culture at the college level.

Counselors-in-training could also benefit from a deeper immersion into the issues that military families face by having counselors experienced in this area as teacher-educators within counselor education programs, as well as the inclusion of targeted curricula that focus more on the clinical aspects of treating military service members and their families. Counselor education programs can and should do more to educate the masses on the critical relationship between mental health and overall human well-being as well as furthering the destigmatization associated with mental health treatment. Such efforts might help in attracting potential students who would otherwise be drawn off to other more lucrative fields of study.

Implications for Other Stakeholders or Leaders

Clinicians and counselor educators can benefit from partnerships with stakeholders and leaders at the local, state, and national levels. For instance, VA Tech's EDCO program partners

with Becky Bowers-Lanier of B2I Consulting, LLC., who conducts annual visits to the Virginia State House for Legislative Counselor activities with state representatives, to advocate for stronger, more proactive mental health policies and procedures.

Additionally, findings from this study on the specific challenges impacting the lives of combats veterans and their family members highlight the need for greater input, cooperation, and partnerships between federal government agencies like the DoD and the VA and other non-governmental, healthcare, behavioral health organizations, and counselor education programs that could potentially serve this population. Such collaborative efforts could go a long way towards enhancing the quality of mental health treatment and care options offered via deployment and reintegration protocols, which if strengthened could enable combat veterans to successfully and efficiently reintegrate with their families back into military and/or civilian life. As this study's interview data made clear, more needs to be done for Reserve and National Guard service members and their families living in rural communities who may not have ready access to services offered by nearby major military installations.

Limitations

The results from this investigation can be considered to the limited by three factors pertaining to the methodology used to carry out this study: using a qualitative approach, gathering dating from only one individual, and deploying a single researcher-developed instrument to answer the two research questions. All these researcher-defined study characteristics limit the broader generalizability of this study's findings.

Using a Qualitative Approach

A delimitation of this study was the use of a qualitative methodology. Although this approach was expected to provide rich details about the experiences of the individual participant

and her personal, detailed, and long-standing experiences with deployment and reintegration, a larger sample surveyed through a mixed-methods or wholly quantitative approach could have produced different data.

Sample Size

The goal of sampling in qualitative research is to construct evidence about a given phenomenon by selecting respondents who are likely to be helpful in responding to the research question (Acharya et al., 2013). Thus, selecting a representative sample from the population of interest is critical for determining what the population may be like as a whole, thereby strengthening the generalizability of research findings. While this study's findings would have been strengthened by a larger study sample, this was not the case. Another study limitation was the choice by the researcher to interview the spouse as opposed to including the perspectives of service members themselves. In Anita's case, of course, her husband's suicide precluded that possibility. Nonetheless, to better understand family disruptions, the researcher chose to utilize the spouse's perspective as especially important and relevant. Interviews with service members directly could provide additional important useful in other future studies and should certainly be undertaken.

Instrument

Another limitation of this study lies in the instrument used for data-collection, which was developed by the researcher. Note that the researcher has benefited from years working with the population of interest, and thus came to this study with some understanding of the challenges the military spouses and families are facing in connection with the deployment cycle. As such, while the questions were found to be useful and effective for answering the research questions, it is possible that the use of a different instrument could have produced different data.

Future Research

In order to better understand the multi-dimensional aspects of the deployment cycle—and specifically the impact of repeated deployments and reintegrations on marital and parenting relationships—more research is needed, especially at it relates to reintegration. In addition to the four themes of choice, progression, adaptability and acceptance, an overarching premise emerged from the literature addressing the reintegration experiences of combat veterans returning from war: *Military reintegration is a complex, non-linear, multidimensional transitional process that is often difficult and stressful for veterans and their family members*. Thus, mental health and other healthcare professionals—and especially those in the civilian sector—seeking to enhance the reintegration process for returning veterans within their families and in society-at-large must understand the specific needs and issues facing service members. Key to this understanding is an awareness of the military deployment cycle (pre-deployment, deployment, post-deployment, and reintegration) and the specific challenges and stressors associated with each phase, especially since this repetitive cycle is an ever-present reality for military personnel and their family members.

The detailed review of the literature conducted for this study corroborates the potentially deleterious impact of war-related combat on returning veterans (and especially those in the National Guard and Reserves with their more sporadic deployments), as well as the both the individualized and familial adjustments that encompass the reintegration process. Specifically, deployment and combat-related challenges and stressors include physical, emotional, and psychological injuries, PTSD symptoms, TBI, anxiety, depression, suicide, grief and loss, impulsivity, risk-taking behaviors, and increased use of alcohol and drugs. This cohort also routinely deals with pre- and post-deployment changes in family roles and interpersonal

relationships, inadequate levels of deployment-cycle support within military units and society at large, gender-based issues (i.e., sexual trauma and harassment), and challenges associated with post-deployment commitment and retention. All of these variables could impact the reintegration process for service members, their partners or significant others, and children of any age within the family.

These reintegration challenges present significant and important opportunities for mental health professionals in future subject-matter research, as well as the development, implementation, and facilitation of new programs, services, and treatment interventions to assist service members and their family members in the reintegration process. Counselor-education programs can also do more to train clinicians in the treatment of this important population and have a greater influence on current DoD and VA reintegration program efforts.

Based on the interview data, future research efforts need to target how National Guard and other reservists and their families, who are typically not full-time military and may not benefit from services provided at regional military installations, can receive the services they need during the deployment cycle. Indeed, they may be considered an overlooked population in terms of needs and services. The respondent herself suggested the need for more research on treatment protocols and services for spouses who are adjusting to life with combat veterans suffering physical and mental disabilities resulting from deployments. In particular, she spoke about the potential positive impact of individual and couples counseling throughout the deployment cycle, and the likelihood that this could help reduce the problems cited earlier in this study. She also supported additional research that would focus on resiliency and advocacy for spouses, as opposed to total dependence and reliance on disability ratings and payments by the VA. Recall, for example, how Anita and her husband took it upon themselves to visit a non-

military clinic to determine a likely diagnosis for the worsening symptoms he was experiencing with the progression of time and deployment cycles.

More research efforts should be undertaken to highlight the needs of National Guard and Reserve service members and their family members who live in rural or more distant communities, and who may not have immediate or easy access to services provided to full-time military personnel. Such research and advocacy efforts must focus on how local communities can better support and meet the physical, mental, emotional, and spiritual needs of this population—and particularly those not located near major military installations. For instance, the DoD and VA can and should do a better job of outreach and resourcing of services to support this important population.

Also, additional research studies could be designed to further address the spousal and parenting perceptions of marital relationship disturbances using a different cohort and a different methodological approach. For example, are the deployment-cycle experiences of full-time military veterans different that those of reservists? Could a larger cohort result in different or more nuanced data? Finally, could a quantitative or mixed-methods approach enhance the findings detailed here? In summary, this critical area of research is rife with possibilities for additional follow-on studies that will further serve our returning U.S. combat veterans.

Conclusion

This study was designed to develop a comprehensive understanding of the range of problems that service members experience, and how diverse emotional, physical, and psychological issues resulting from repeated deployments and reintegrations impact the lives of their spouses and children. In giving voice to the military spouse and her family, the findings detailed herein add depth and meaning to the ever-expanding research on the impact of repeated

deployments and reintegrations on marital and parental relationships. Although based on the responses from just one military spouse, the four themes that emerged from this study (choice, progression, adaptability and acceptance) are likely to be common for other spouses and families who live through repeated deployment cycles. Accordingly, there must be a greater focus on feedback, insights, and constructive suggestions directly from service members, their spouses and children as related to coping more successfully with repeated deployments and reintegration cycles.

Results from this study may provide a greater awareness and understanding of the issues these families face, as well as enhance collaborative mental health treatment and protocol creation efforts by the DoD, VA, government, private and nonprofit sector mental health agencies. Additionally, private practitioners in individual or group practices and counselor educators could benefit from the results discussed herein. These efforts will hopefully improve the deployment and reintegration processes for service members and their families, with the goal of strengthening the quality of their marital and parental relationships.

This dissertation is dedicated to the amazing life of military service of this combat veteran as well as his spouse and children. May his ultimate sacrifice for his service to our nation not be in vain. May God rest his soul and take care of his family.

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APPENDIX A. INTERVIEW RECRUITMENT FLYER

The Impact of Reintegration on Families of Combat Veterans Returning from War

Purpose
I am a doctoral student at Virginia Tech and I am conducting a study to understand your lived experiences with your spouse's repeated combat deployments and reintegrations, especially the impact on your marriage and family. To participate in the study there are three requirements. You must:

- be a spouse or partner of a combat veteran
- have children with the combat veteran
- have experienced at least four or more combat deployments and reintegrations

Procedures
Participation includes 2-3 interviews, approximately 90 minutes long, focusing on your lived experiences and impact of repeated combat deployments and reintegrations on your marriage and family. I will personally conduct all interviews. Meetings will take place in my private office located in Springfield, VA.

Confidentiality
The interviews are for study purposes and are not professional counseling services. The audio recordings will be kept on a password-protected device and deleted after transcription. No identifying information will be shared outside the study. The summary of themes across interviews, used in the findings, will not identify the participant or service member.

If you are interested in participating, please read the consent information and call the researcher at (240) 601-5272 to complete a pre-screening interview to confirm eligibility.

Thank you for your consideration.

Respectfully,
Odis McKinzie
Virginia Tech
240-601-5272
Odis1960@vt.edu

APPENDIX B. INTERVIEW PROTOCOL

The Impact of Reintegration on Combat Veterans Returning from War

Pre-Session Activities

- Before recording and beginning the session, the participant will be provided another copy of the consent information form to keep for their own records. The first 90-minute interview will include background as well as predeployment questions along with any follow-up questions. The second 90-minute interview will include deployment and post-deployment questions along with any follow-up questions. The third interview will include reintegration questions and any follow-up questions.

Questions and Probes

Background Questions

The following nine questions are intended to obtain background information about the interviewee.

1. When and how did you and your spouse meet?
2. Was your spouse in the military when you met?
3. Did you have any prior experience/awareness of military life/culture?
4. Did your spouse acclimate you to military life/culture?
5. Did your spouse describe the military deployment cycle?
6. Did your spouse explain how deployments might impact the marriage and family?
7. How long had you been together prior to the first deployment?
8. How long/how often were these deployments, and describe how each one was different?
9. What were the approximate ages of your children during the deployments?

Questions Related to Predeployment

The following nine questions are intended to help the researcher understand the lead-up to the service member's deployment(s) by obtaining specific information about the interviewee's experiences with/feelings about their spouse/partner being deployed.

10. Did you know that the deployment was coming? If so, how much preparation time did you have?
11. Describe your feelings upon notification of that first deployment.

12. How did you all prepare for that first deployment?
13. Did you all use this first deployment prep as an outline for future deployments?
14. How did the preparation effect your marriage and your spouse's parenting?
15. How did you both prepare the children for deployments?
16. Did you all discuss the potential for injury or death during deployments?
17. Describe how you and your spouse managed the transition from being present with family to being away for an extended period of time.
18. At any time did you consider your partner to be physically present but psychologically absent?

Questions Related to Deployment

The following twelve questions are intended to help the researcher understand the interviewee's family life adjustment issues during the actual deployments.

19. Describe what it was like for you and your family the day your spouse left for that first deployment? What kinds of emotions did you all experience?
20. Describe how you managed the transition to head of household now that your spouse was deployed.
21. Can you describe a day in your life managing the household affairs and sole parenting responsibilities. Were you working at the time as well?
22. How did you manage the shift in marital and family roles?
23. I understand some deployments allow for frequent contact and others do not. What were your communication patterns like during deployment for your family?
24. How did your spouse handle communicating with the children during deployments?
25. How did you manage the times when there was little or no communication with your spouse during deployments?
26. How long did it take you to establish a manageable routine for the household and children?
27. How did you manage your stress and the challenges you faced throughout the deployments?
28. Did you maintain contact with family, friends, and coworkers during deployments? If so, did that level of contact change in any way during deployments?
29. Did you utilize available military resources during deployments?

30. Were you able to establish a baseline plan following the first deployment that you were able to utilize for subsequent deployments?

Questions Related to Post-Deployment

The following five questions are intended to help the researcher understand the interviewee's post-deployment transition.

31. Were you notified when your spouse would return from deployments? If so, please characterize your feelings and emotions and describe how your children reacted to their parent's return.
32. Did you and spouse talk about how to manage the post-deployment and subsequent reintegration processes?
33. Was your spouse active duty military, or in the Reserves or National Guard?
34. If in the Reserve or National Guard, was there reengagement with their unit? Did they return to a job?
35. What was the transition time, if any, between the time your spouse returned to the US and their military unit, and when they actually arrived back in the family?

Questions Related to Reintegration

The following twelve questions are intended to help the researcher understand the reintegration process back into the family and community—both on a personal level and how the interviewee perceived the experiences of the service member's post-deployment transition.

36. Describe the re-integration process for your spouse? What was that like for you all?
37. How did your family readjust to the deployed parent's presence?
38. What was it like fitting the deployed parent back into a "new" home routine?
39. How did you all handle the readjustment of your spouse to home life as well as childcare responsibilities?
40. Did your spouse sustain any combat-related injuries during deployment? If so, describe the impact on you and the children.
41. If your spouse suffered any physical (i.e., PTSD, TBI, or other severe injuries), mental (i.e., depression, anxiety, etc), or emotional (i.e., moral injury, anger, sadness, etc) injuries, how did your spouse's symptoms impact you and your family on a daily basis? Did they receive any treatment prior to the onset of symptoms?

42. Describe what a normal day looked like for you and family. What was the most extreme event you experienced? Were there repeated occurrences of the events?
43. When things went well, what was happening, i.e., sleep, food, exercise, stressors, etc. What about when things were at their worst?
44. If your spouse experienced repeated deployments and reintegrations, how did your children react to them?
45. How did you manage the children's reactions to repeated deployments and reintegrations? How was each deployment/reintegration experience different?
46. Did you ever feel like you and your children were competing with your spouse's deployment and reintegration experiences?
47. Reflecting on the multiple deployment and reintegration experiences, what things/services would have been most helpful to you and your family? What suggestions do you have for counselors to better serve this population?

Closing:

- Thank participant for their time and remind them of how to contact you should they have any follow-up questions or concerns.

APPENDIX C. DEMOGRAPHIC SURVEY

The Impact of Reintegration on Families of Combat Veterans Returning From War: Findings and Clinical Implications

Thanks for calling me to express interest in the study. I'll ask you a few questions and note your answers before we schedule the first interview. Before I start, did you have any questions about the information sheet that describes the study?

1. Age:_____
2. Gender:_____
3. Race/Ethnicity:_____
4. What branch of service?
5. What was your spouse's rank at first deployment, and following most recent deployment?
6. How long into military career before you were notified of first deployment?
7. How many total combat deployments and reintegrations have you experienced during your relationship with this service member?
8. How many children do/did you co-parent with this service member during the deployments? Did you have/adopt children during any of the deployments?

APPENDIX D: IRB LETTER OF APPROVAL FOR STUDY

Division of Scholarly Integrity and
Research Compliance
Institutional Review Board
North End Center, Suite 4120 (MC 0497)
300 Turner Street NW
Blacksburg, Virginia 24061
540/231-3732
irb@vt.edu
http://www.research.vt.edu/sirc/hrpp

MEMORANDUM

DATE: October 12, 2021

TO: Laura Everhart Welfare

FROM: Virginia Tech Institutional Review Board (FWA00000572)

PROTOCOL TITLE: THE IMPACT OF REINTEGRATION ON FAMILIES OF COMBAT VETERANS
RETURNING FROM WAR: FINDINGS AND CLINICAL IMPLICATIONS
IRB NUMBER: 21-825

Based on the submitted project description and items listed in the Special Instructions section found on Page 2, the Virginia Tech Human Research Protection Program (HRPP) has determined that the proposed activity is not research involving human subjects as defined by HHS and FDA regulations.

Further review and approval by the Virginia Tech Human Research Protection Program (HRPP) is not required because this is not human research. This determination applies only to the activities described in the submitted project description and does not apply should any changes be made. If changes are made you must immediately submit an Amendment to the HRPP for a new determination. Your amendment must include a description of the changes and you must upload all revised documents. At that time, the HRPP will review the submission activities to confirm the original "Not Research" decision or to advise if a new application must be made.

If there are additional undisclosed components that you feel merit a change in this initial determination, please contact our office for a consultation.

Please be aware that receiving a "Not Research" Determination is not the same as IRB review and approval of the activity. You are NOT to use IRB consent forms or templates for these activities. If you have any questions, please contact the Virginia Tech HRPP office at 540-231-3732 or irb@vt.edu.

PROTOCOL INFORMATION:

Determined As: Not Research
Protocol Determination Date: October 12, 2021

ASSOCIATED FUNDING:

The table on the following page indicates whether grant proposals are related to this protocol, and which of the listed proposals, if any, have been compared to this protocol, if required.

SPECIAL INSTRUCTIONS:

Based on the information provided, it was determined that this is not be research. While the activities do meet the federal definition of a systematic investigation, the described activities do not meet the definition of generalizable.