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The Effects of Group Counseling on the Self-Esteem, Anxiety, and Behavior of Children with Deployed Parents

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ABSTRACT

THE EFFECTS OF GROUP COUNSELING ON THE SELF-ESTEEM, ANXIETY, AND BEHAVIOR OF CHILDREN WITH DEPLOYED PARENTS

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The purpose of this study was to examine the effectiveness of a six-session group counseling intervention for children who had a parent experiencing military-induced deployment. Participants were 65 children (30 boys, 35 girls) of enlisted military personnel attending elementary schools near the Norfolk Naval Base. Elementary school counselors facilitated the counseling groups.

An experimental/control group pretest-posttest design was employed. Independent variables were the child's participation in the Children of Deployed Parents-Group/control group, child gender and age. Dependent variables were self-esteem, anxiety, and behavior as measured by the Coopersmith Self-Esteem Inventory (SEI), the State-Trait Anxiety Inventory for Children (STAIC), the Child Behavior Checklist for Parents (CBCL), and the Child Behavior Checklist - Teacher's Report Form (TRF).

Children were administered the SEI and the STAIC by their elementary school counselors before and after the CDP-Group (and at similar intervals for the control group). Mothers and teachers of participating children completed the CBCL or the TRF, respectively, before and after the counseling program (and at

similar intervals for children in the control group). Mothers completed the Beck Depression Inventory and a background information questionnaire at midpoint.

Analyses of variance (ANOVAs) determined that children's functioning did not differ by gender or by age. Additionally, group (treatment/control) by time (pretest/posttest) interactions were not significant. That is, the functioning of children who attended the counseling sessions did not differ from the control group over time.

Although group counseling did not appear to effect children's functioning over time, children's externalizing behavior was predicted by mother's current participation in counseling, the father's level of education, the number of years the child's parents had been married, father's paygrade, and the number of years the father had been in the military. The child's self-esteem was predicted by the child's level of trait anxiety; state anxiety was predicted by the mother's self-reported level of depressive affect. Teacher's reports of the child's level of internalizing behavior was predicted by the mother's current participation in counseling, maternal depression, state anxiety, and trait anxiety.

This dissertation is dedicated to my father,

for his encouragement.

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CHAPTER I

LITERATURE REVIEW

Introduction

Navy families experience considerable stress due to the challenges associated with periodic separation and reunion (Dickerson & Arthur, 1965; Frances & Gale, 1973). For some military spouses, deployment is accompanied by cycles of depression. Depressive affect increases as their husbands prepare for deployment. For some, levels of depressive behavior may increase during the military member's absence, whereas others may experience depressive affect upon the military member's return(Beckman, Marsella, & Finney, 1979; Glisson, Melton, & Roggow, 1980; Nice, 1983).

Children also may be adversely affected by a parent's deployment. For some children, the absence of the father produces behavioral and emotional changes (Amen, Jellen, Merves, & Lee, 1988; Biller, 1968; Hillenbrand, 1976; Pederson, 1966). Additionally, the mothers' level of depressive affect may effect the child's functioning during the father's absence (Weissman, Leckman, Merikangas, Gammon, & Prusoff, 1984).

Although some families are able to respond to deployment with positive coping techniques (Amen et al., 1988), others lack the ability to adapt (Jensen, Lewis, & Xenakis, 1986; McKain, 1976; Nice, 1983). One difficulty is that women with deployed husbands are often limited in their ability to both recognize

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separation-related problems in their children and obtain necessary intervention if they themselves are having difficulty adjusting to the military member's absence. Thus, children need mental health interventions that do not depend upon their mother's motivation and implementation.

Previous research by the author (Mitchum,1991) provides support for the positive effects of a group counseling intervention offered by school counselors for children who have a parent away on deployment. Although prevention programs have often been provided to Navy children while a parent is deployed, research on the effectiveness of these programs is lacking (Figley, 1993). Thus, the current study is one of the first attempts to evaluate the effectiveness of an intervention program for children who have a parent on deployment.

The present study will measure the effectiveness of participation in a structured group counseling experience, the Children of Deployed Parents-Group (CDP-Group), facilitated by school counselors for children in the third, fourth, and fifth grades who have a parent on deployment with the United States Navy. Specifically, the effects of group counseling on the self-esteem, behavior, and anxiety levels of younger and older boys and girls with deployed parents will be assessed.

The Military Family

The Navy family has been distinguished by such characteristics as strong group identification, mobility of the family unit, heightened emotional interactions in the family, parental work-related separation, and reunion adjustment. Case

studies portray Navy wives as depressed and Navy children as conduct disordered (Dickerson & Arthur, 1965). Initial attempts at understanding the military family viewed the process of military life as a stressor that unquestionably caused distress in the lives of the military spouse and his children (Dickerson & Arthur, 1965; Frances & Gale, 1973).

Lagrone (1978) reviewed the case records of 792 children and adolescents in military families. The records reviewed spanned a period of two years and were obtained from a military clinic. Results of Lagrone's case review revealed that the incidence of behavioral disorders in children of military families was higher than that of civilian families. Additionally, seven problem areas common to many of the families were identified. These were the relationship the family had with the military, father absence, transiency, child-rearing methods, scapegoating, the marital relationship, and resistance to treatment.

Lagrone (1978) coined the term "military family syndrome" to describe the problems he attributed to the lifestyle required by parental service in the military. He identified problems such as the belief that the military member's career comes before his family, the hierarchy of the military, the military member's periodic absence from the family, transiency due to relocations, and in some cases, authoritarian methods of parenting. Lagrone's conclusions stimulated research and resulted in controversy over the existence of a "military family syndrome."

Research by Morrison (1981) contested the conclusions of Lagrone (1978). Morrison's report summarized data obtained from

six years in private practice near several military installations. He examined 374 children aged 1 to 19. Morrison compared the information from his intake interviews of the military children with the intake interviews of civilian children. No significant differences in diagnosis were found between the two groups. Morrison (1981) did report, however, that military children presented for treatment one year earlier on average than did their civilian counterparts.

The same research by Morrison (1981) reported that military fathers showed an "excess of alcoholism". No statistics were reported, however, Morrison concentrated his report on the children, but failed to speculate on the possible implications of parental alcoholism beyond its association with conduct disorder and hyperactivity in children.

Jensen et al. (1986) conducted a comprehensive review of the literature on the military family. These researchers concluded that the incidence of child abuse and divorce may be lower in military families than in civilian families. Alcoholism, however, was reportedly higher in military families.

Jennings and Ball (1982) conducted a study that tracked military dependents from a single military mental health clinic sponsored by CHAMPUS (Civilian Health and Medical Program of the Uniformed Services). These researchers found that the most prevalent diagnoses of military dependents was transient adjustment disorders (38%), followed by neuroses (32%), and marital maladjustment (14%).

Although researchers have not agreed as to the existence or nonexistence of a military family syndrome, most seem to admit that the military lifestyle does present some unique stressors to the family. Some have documented that the level of stress in military families is high (Archer & Cauthorne, 1986; MacIntosh, 1968; Stumpf, 1978).

A study by Eastman, Archer, and Ball (1990) analyzed the data from research conducted through the Office of Naval Research by Archer and Cauthorne (1986). The Eastman et al. study assessed married men and their wives with children living in the home. Data was obtained from a total of 2,245 Navy personnel and 1,155 Navy spouses. The results of the survey did not support the "military family syndrome" as described by Lagrone (1978). Instead, the military family was described as having a pattern that "suggests close-knit family units with clear organization structures - values and attitudes that may be adaptive for Navy families forced to cope with frequent separations due to normal deployment procedures" (p. 123). Conclusions also were drawn from this data that family functioning is "relatively independent of such influences as point in the deployment cycle" (p. 123). Life stress was significantly higher for families of Navy personnel assigned to sea duty than for Navy families assigned to shore duty. A limitation of the Eastman et al. study was that information was not gathered during an actual deployment. Thus,the effects of family functioning during an actual deployment were not ascertained.

The difficulties that exist in attempting to assess the characteristics of the deploying parent during the course of an actual deployment are obvious. Considerable research, however, has examined military spouses during the husband's absence.

Depressive Symptoms of Navy Wives with Deployed Husbands

Until recently, military deployment was assumed to imply that the father was the deploying spouse and the wife/mother was the nondeploying spouse. Although this can no longer be assumed, the majority of the research literature to date has examined the traditional military family. Research is needed to determine the effects of the deployment cycle on the husband who remains at home with the children while the wife deploys. Because little research exists on this role reversal, the following literature review will be limited to a discussion of the effects of deployment on nondeploying wives and mothers.

The high rate of depressive affect or clinical levels of depression in Navy wives whose husbands are deployed has been documented (Beckman et al. 1979; Glisson et al. 1980; Nice, 1983). In a study of wives of nuclear submarine personnel, Beckman et al. compared scores on the Zung Depression Scale and the Multiple Affect Adjective Checklist of 14 wives whose husbands were on sea duty to 10 wives whose husbands were not deployed. These inventories were readministered to the same subjects three months later when their husbands' duty cycles were reversed. The results of the Beckman et al. study demonstrated that, as a group, Navy wives of nuclear submarine personnel who were deployed, in contrast to wives whose husbands were not

deployed, developed clinical levels of depression during the course of the deployment cycle.

Beckman et al. (1979) found the depressive cycle for these military wives to closely resemble stages of grief as described by Kubler-Ross (1970). These stages were described as follows:

> The wives reported that they started to withdraw from their husbands weeks before their departure (stage 1 - shock). They often argued with their spouses over little things that had no bearing on their leaving. They also lost their patience with their children (stage 2 - emotional release). When the husbands left, the wives reported that they withdrew. One wife said that she did not talk to her neighbors during this period because "they seemed silly." All of the wives stated that they felt an added burden of responsibility for the children and the home during their husbands' absence (stage 3-withdrawal). They also noted that they lost their tempers easily. Further, they became angry and resented the Navy (stage 4 - anger). Eventually, they felt depressed and cried or slept much of the time (stage 5-depression) (p. 525).

Glisson et al. (1980) also found depressive symptoms in the wives of 37 naval personnel assigned to submarines. Over a span of 14 weeks, beginning 5 weeks before separation, and continuing until 5 weeks after separation, the women were monitored biweekly. The following full cycle trend toward depression,

self-esteem problems, and marital dissatisfaction emerged. A trend was found towards less depression prior to separation with a trend towards increased depression continuing until the midpoint of deployment. At midpoint, a trend was found towards decreased depression that continued until after reunion. These trends were cyclic in nature for the wives of the submarine personnel whose deployment cycles were predictable and regular.

In contrast to submariners, Navy personnel do not have regular and predictable schedules of deployment. Nice (1983) studied the wives of enlisted men who were scheduled to deploy on three amphibious assault ships. A separation group was composed of 31 wives of men that were scheduled to deploy for a period of seven months. A control group was composed of 20 wives of men scheduled to remain in port. The Navy wives all completed the depression scale of the 40-item Mood Questionnaire on a biweekly basis during the seven-month period, beginning two weeks before deployment and every two weeks after reunion.

Nice's (1983) research demonstrated that the wives of Navy personnel with deployed husbands exhibited higher levels of depressive affect than wives of Navy personnel whose husbands were not deployed. Additionally, the onset of depressive affect began at least two weeks before deployment. Although Beckman and colleagues found the level of depressive affect to be in the clinical level on average, the level of depressive affect was assessed to be nonclinical by Nice. The difference may be due to the different populations surveyed by Beckman et al. (1979)

versus Nice (1983). Nevertheless, both studies suggest that depressive affect is common in Navy wives with deployed spouses.

Snyder (1978) also studied the wives of submariners during three-month separation and reunion cycles. She found a significant relationship between the occurrence of physical illness in submariners' wives and their husbands' absence. Clinic visits totaled 368 while husbands were at sea and only 95 when the husband was not absent. Moreover, most of the clinic visits while the husband was at home were for routine check-ups.

More recently, Kelley (1994a, 1994b) assessed 61 wives of servicemen before, during, and after deployment to the Persian Gulf War. Comparisons were made between wives of servicemen experiencing a peacetime deployment and the wives of servicemen experiencing a wartime deployment. Some important differences were found between the two groups. The wives whose husbands were on wartime deployment reported less nurturance and family cohesiveness and more internalizing and externalizing behaviors in their children than did the wives whose husbands experienced a peacetime deployment. Differences also were found as a function of the type of deployment and of age of the children. The families with younger, school-aged children were found to have less organization at midpoint in the deployment than did the families with older children. This may indicate greater difficulties for mothers of younger children in coping with the deployment cycle. Kelley (1994a) found that maternal adjustment differs as a function of the type of deployment. During a routine deployment, maternal depressive behaviors decrease over

time. During a wartime deployment, dysphoria did not decrease over time.

Although the term "military family syndrome" may not characterize many Navy families, researchers tend to agree that the military family lifestyle does impose stress on the family. The stress for many families seems to be greatest during an actual deployment. Effects of this stress may be as severe as clinical depression or increased physical illness for some Navy wives.

Since deployments typically occur when children are young, a relationship between maternal well-being and children's adjustment may occur. The following section will explore the relationship between maternal depression and childhood disorders.

Maternal Depression and Childhood Disorders

Research has demonstrated a relationship between childhood depression and adult depression. This information has been instrumental in increasing the understanding of the risk factors in children of depressed mothers (Beardslee, Bemporad, Keller, & Klerman, 1983). Additionally, parents with anxiety disorders are more likely to have children with anxiety disorders than parents without anxiety disorders (Berg, 1976). The high rate of depressive symptoms experienced by Navy wives (Beckman et al., 1979; Glisson et al., 1980; Nice, 1983) identifies Navy children to be a population at risk for depressive and anxiety disorders. Also, research shows that children experience at least temporary emotional behavioral problems during routine parental deployments (Kelley, 1994a).

Weissman et al. (1984) studied the relationship between depression and anxiety disorders in parents and their children. The children studied were aged 6 to 17, had either parents who were diagnosed as nonbipolar major depressive (n = 133), or parents who were without psychiatric diagnosis (n = 82). Classification of the parent groups by anxiety disorders yielded 82 normal subjects and 56 depressed without anxiety disorder, 10 depressed plus agoraphobia, 22 depressed plus panic disorder and 45 depressed plus generalized anxiety disorder. The mean age of the probands was 41 years old and 57% were women. The mean age of the onset of depression and of anxiety disorders was 26 and 30 years of age, respectively.

Results of the Weissman et al. (1984) study supported the hypotheses that depression in the parent increases the risk of depression in their children. Also, depression plus anxiety disorders added an additional risk of depression and anxiety in the children. Panic disorder and agoraphobia in combination with depression in the parent added the greatest risk to the development of depression in the children. The Weissman et al. study also revealed that none of the children of the normal parents was found to have developed either major depression or separation anxiety.

Kashani, Beck, and Burk (1987) studied the relationship of psychopathology in 50 children of 24 parents who had been hospitalized on a psychiatric ward and diagnosed with major affective disorders. Children were between the ages of 7 and 17. Seventy-five percent of the parents were mothers. Using the

Diagnostic Interview for Children and Adolescents, the Achenbach Child Behavior Checklist, and the Symptom Check List 90, the best predictors of psychopathology in the children were the child's report of abuse and fear of future abuse. Also, the more severe the psychopathology of the parent, the more likely the child was to receive a DSM-III diagnosis.

The results of the research studies cited in this section have important implications for Navy children whose mothers experience depressive affect when separated from their spouses due to deployment. Because the mother may experience depressive affect herself, she may be less responsive to her children's needs during deployment or in some cases unable or unwilling to seek treatment for a child in need.

The following section will provide a review of the literature documenting the effects on children of father absence.

The Effects of Periodic Parental Separation on Military Children

Early studies examined the effects of father absence during the actual separation period (Bach, 1946; Lynn & Sawrey, 1959). Long periods of military-induced separation during WWII were related to decreased aggressive fantasies as well as increased feminine patterns of doll play in children. These behaviors were more noticeable for boys than for girls. Lynn and Sawrey (1959) studied 40 families of Norwegian sailors and a matched control group. Boys whose fathers were at sea tended to have poorer peer adjustment, be more immature, and to have problems with masculine identification.

An early study of 19 Stanford University veterans and their families using matched controls with multiple data informants found the experimental group experienced poorer father-son relationships and more severe child discipline by fathers than the control group. Children in the experimental group also experienced increased anxiety and less positive peer relations than children who served as controls (Stolz, 1954).

Pedersen (1966) assessed the histories of 27 Caucasian males, aged 11-15, who were sons of Army Officers. All boys had received treatment for emotional or behavioral problems. He compared their histories with the histories of 30 boys who had been identified as meeting the criteria for normal adjustment. Pedersen's analysis failed to show significant differences between groups. For the group of children who had received treatment, however, the extent of father-absence was considered predictive of emotional disturbance. Additionally, although no differences were found between fathers, mothers of the children who had received treatment had more emotional problems than mothers of normal children.

Few studies have examined the effects of father absence on very young children. Using the Strange Situation with one-year-old children, Spelke, Zelazo, Kagan, and Kotelchuck (1973) found that children who had a high level of physical interaction with their fathers showed little disruption of play, fretting, or crying when left alone with a stranger. In contrast, children who had few interactions with their fathers showed more disruption in play, fretting, and crying. Also, children who

experienced low father-interaction cried more when their father left the room than did the medium or high father interaction children. Similarly, Gabower (1960) concluded that behavior problems experienced by children were related to separation from the father.

Numerous studies have demonstrated that father-absence has a significant influence on the developmental outcomes of both boys and girls. Specifically, differences in families in which fathers were present versus families in which fathers were absent have been found in academic achievement (Blanchard & Biller, 1971), intelligence (Deutsch & Brown, 1964), cognitive style (Barclay & Cusumano 1967), moral development (Hoffman, 1971), sex role identification (Biller, 1968; Hetherington, 1966), and delinquent behavior (McCord, McCord, & Thurber, 1962).

Some investigators have recognized the need for more research that would identify the causative psychological factors responsible for differences in father-absent and father-present families (Pedersen, 1976). The following studies may provide some information to elucidate these psychological factors.

Hillenbrand (1976) assessed 73 male and 53 female military children in the sixth grade on classroom behavior, intelligence, parental dominance, parental identification, and family constellation. Results of Hillenbrand's study demonstrated differential effects of father absence in military families as a function of birth order. For example, cumulative father absence was significantly related to enhanced quantitative ability and perception of the mother as the dominant parent. However, boys

with older siblings experienced increased aggression and dependency. Early father absence was related to decreased quantitative ability in females.

A traditional role of the father in normal psychosexual development is to promote appropriate sex role identification in his children. In a review of the literature, Mead and Rekers (1979) found that physical or emotional absence of the father adversely effected the psychosexual development of the child. The research on the effects of father absence on women may explain some of these differential effects.

Hiew (1992) studied Canadian military families and found mothers without social support during their spouse's deployment tended to have children with behavioral adjustment and academic problems. Hiew also found that children who used social support as a coping mechanism during father absence demonstrated fewer acting out behaviors in school.

The research on father absence demonstrates possible negative consequences of father absence due to deployment. The following section will review the existing literature in nontraditional military families.

The Effects of Maternal Deployment

Historically, research on the effects of military deployment on children has focused on the traditional two-parent family, in which the father is the military member. The assumption can no longer be made that the father is the family member experiencing separation while the mother remains at home. Growing numbers of women in the military increase the possibility that the mother

may experience military-induced separation. In fact, the percentage of women in the Army increased from two percent in 1972 to 12 percent in 1992 (Segal & Harris, 1993).

Single parents also must be able to deploy when and where they are needed. This results in children being left with nonparental caregivers. During the Persian Gulf deployment nearly 37,000 children were separated from both parents, because the child was either in a single parent family or both parents were in the military and deployed simultaneously (Department of Defense, 1992).

The change in the composition of the military has resulted in recent attempts to examine the effects of maternal deployment on children. Kelley, Herzog-Simmer, and Harris (1994) assessed 118 military mothers in the United States Navy who experienced a six-month deployment. They found that military mothers experienced significantly higher levels of parenting stress and increased sensitivity to their children before deployment than did mothers who had returned recently from a deployment. Single mothers anticipating separation were found to experience more stress than married mothers anticipating deployment or single or married mothers who had recently returned from deployment. Single mothers reported less family organization and cohesiveness and more separation anxiety than mothers who were married.

Applewhite and Mays (1996) surveyed 100 male and 100 female Army personnel regarding their children who had experienced either maternal or paternal deployment. Based on a return rate of 52.4 percent, no differences were found in the quality of the

children's psychosocial functioning. Although the Applewhite and Mays research was limited by a small sample with a marginal rate of return, their results raise some interesting issues regarding the effects of maternal deployment on children.

For children with mothers in the military, maternal attachment may be contrary to the theoretical conceptualization of researchers such as Bowlby (1973, 1988) and Ainsworth and Bell (1970). Bowlby (1973) identified the mother as the most frequent object of attachment. Children with deploying mothers may develop a stronger attachment to the non-deploying parent (i.e., father) or other caregivers.

Research in this area has not yet adequately reflected the changes in the composition of the military. For the purposes of this study the assumption will be made that children of deploying mothers are at risk at a level at least equivalent to children of deploying fathers. Also, children of single parents and children of dual career parents may be at greater risk than children from two parent families, regardless of the sex of the deploying parent.

Effects of the Deployment Cycle on Children

Fathers on Navy ships typically deploy for 5 to 7 months, leaving their families to live on or near the Navy base from which they depart. The family may be new to the community and have a poor support system. When the father deploys, all family members may experience the identifiable stages of emotional reaction to separation, which are protest, despair, and detachment. At the end of the deployment cycle when the father

is scheduled to return, family members may experience a plethora of emotions, which includes both excitement and apprehension as they struggle to redefine family relationships and integrate the father back in to the family (McCubbin, Dahl, & Hunter, 1976).

Parental separation has historically been represented as causing stress for the separated parents (Jones & Butler, 1980) and cumulative negative effects on the children (Pederson, 1966). For example, very young children whose fathers deploy may experience increased stranger anxiety. When their father returns, they are in immediate intimate contact with someone who seems to be a stranger, which is a frightening experience for many young children (Spelke et al., 1973). Responsibility for discipline is often assumed by the father upon his return. Because the father has not had ongoing relationships with his children, he may believe he needs to demonstrate his authority using forceful techniques (Broadhurst, Estey, Hughes, Jenkins, & Martin, 1980).

Some researchers believe that Navy children may experience difficulty with gender-role identification due to frequent paternal separations. During their fathers' presence, the children may overemphasize their gender roles in an intensified effort to win his approval (Biller, 1971; Mead & Rekers, 1979).

Some researchers contend that periodic parental separations and reunions experienced by military children may result in disturbances in children's personalities (McCubbin et al., 1976). For example, military children who are referred for psychiatric evaluations are frequently identified as being aggressive,

antisocial, and disobedient (Crumbly & Blumenthal, 1973). The cause of these behavior patterns may be that at home these children must cope with a shift in authority figures every few months. This situation may be confusing for them. Their apparent disobedience and aggression may actually be a method for testing the limits in order to learn which behaviors are currently acceptable. Some children may internalize their confusion and not show any observable symptoms during childhood, yet display uncooperative and aggressive behaviors during their adolescent years (Scott & Senay, 1973).

Amen et al. (1988) studied the three phases of deployment and the differential effects these stages have on preschool, latency, and adolescent children. For example, during predeployment, parents may argue and withdraw from each other emotionally and physically. For preschool children parental problems may cause confusion and sadness and result in increased irritability and attention seeking. Latency children also may experience sadness, but additionally feel anger and guilt that may result in regressive behaviors and outbursts of anger alternating with clinging behavior. Adolescents also may feel sadness and anger, but at the same time may fear maternal rejection. They may deny their feelings and react by arguing as a defense against intimacy.

During the deployment stage, the parent at home may feel overwhelmed and depressed and displace anxiety and anger onto the children (Amen et al., 1988). The parent may become overly permissive or overprotective. Other possible reactions during

this stage may include increased alcohol consumption, and increased somatic complaints by the nondeployed parent. Preschool children may experience feelings of abandonment, separation anxiety, and confusion. Additionally, children may experience behavioral problems or changes in appetite or sleep patterns. During deployment latency children may react by assuming the role of the man of the house or mom's companion. Other possible reactions include loneliness, feelings of abandonment, and fear that the parent's separation may become permanent. These feelings may lead to school problems, increased aggressive behaviors, encopresis, and enuresis. Adolescents may feel sadness and anger as well as independence. Behaviors related to these feelings may result in problems with self control, because the father is not able to enforce rules for his children's behavior.

Amen and colleagues (1988) describe the postdeployment phase as problematic for children. Children may be affected by their parents' feelings. That is, parents may be fearful of infidelity, continued feelings of anger at the absence, or jealous of a child's preference for one parent. Either parent may react by being suspicious, abusive of their spouse, withdrawing, or attempting to regain power through physical violence. Preschool children may react with joy and excitement, a need for reassurance, and/or with anger and fear. Young children may be clingy or exhibit attention-seeking behavior. Latency children also may feel joy and excitement combined with anxiety due to changing roles and feelings of competition with

the father for the masculine role. These feelings could lead to attention-seeking or acting out behaviors. Adolescent children are described as feeling a combination of anger, relief, and resentment that manifests in defiance, behavior problems, and school problems.

Although much of the literature contains information derived from anecdotal reports, empirical studies also provide support for the negative effects of the military lifestyle on children. For example, White (1976) presented data obtained from September 1973 through April 1974 on 241 children that were evaluated at a child psychiatry outpatient clinic. Using the standard diagnostic nomenclature of American Psychiatric Association's *Diagnostic and Statistical Manual (2)*, the following were the most frequent diagnosis given. Eighty-six children (36%) had transient situational disturbances caused by disturbances in their environment, 35 children (15%) were diagnosed as having behavioral disorders of childhood and adolescence, and 30 (12%) were diagnosed as nonpsychotic organic brain syndrome which corresponded to the term commonly used at that time for ADHD, "minimal brain dysfunction with hyperactivity". Only 23 of the children (19%) received no diagnosis. White (1976) also reported a high percentage of families that did not complete treatment. This was attributed to the high rate of sudden transfers and deployments. He attributed frequent absence of the father due to deployment to be a major factor contributing to the sporadic nature of family therapy, which may greatly limit the gains from treatment that Navy children are able to achieve.

Controversy currently exists regarding the extent of psychopathology that Navy children experience in relation to the incidence rates for non-Navy children. Morrison (1981) has argued that there are significant differences between diagnoses given to children of military parents and those of nonmilitary parents. He based his findings on patients he had seen in his private practice over a six-year period. The total number of patients was 374, and they ranged in age from 1 to 19 years. Although he found no differences in diagnosis of the children, he reported that military fathers exhibited greater alcoholism. Obvious limitations of Morrison's (1981) study include a biased sample composed only of patients from his practice as well as experimenter bias in his methodology. Morrison himself diagnosed all the children and the parents in his study.

Jensen, Xenakis, Wolf, and Bain (1991) surveyed 213 military children who were between the ages of 6 and 12. The results of children's self-reports and teachers' ratings found the symptom level of these children to be at levels that were consistent with national norms. Parents' ratings were found to be significantly higher than national norms both for themselves as well as for their children. Jensen et al. interpreted these findings to represent the impact of military life stressors on the parents, but did not conclude that this represented a higher level of symptomology in the children. Thus, Jensen and colleagues discounted the parents' ratings of their children in deriving their conclusions.

Some researchers have reported that even the stress imposed on children whose parents experience extremely hazardous deployment, may not result in psychopathology unless psychopathology already exists. For example, Rosen and Teitelbaum (1993) reported the results of questionnaires that were mailed to spouses or distributed at briefings between January and April 1991. A total of 1,274 spouses, 9 of which were males, completed psychological symptom profiles on 1,601 children of soldiers deployed during Operation Desert Storm (ODS). Results showed some prevalent symptoms for particular ages and sex. For girls between the ages of 3 and 12, 55% to 64% experienced sadness and tearfulness. Forty-two to 49% of boys in this age group also experienced sadness. Discipline at home was interpreted as a "fairly frequent" problem for boys. Discipline problems at home and school were relatively low for girls. A problem for both sexes was demanding more attention at home. A major factor in predicting these symptoms in the children was the symptom level of the mother. This finding has been supported by other researchers (Jensen, Traylor, Xenakis, & Davis, 1988; Kashani et al., 1987). Rosen and Teitelbaum (1993) concluded that the overall reports of symptoms for these children were high; however, they found no evidence that these problems were serious. Limitations of the Rosen and Teitelbaum study included ratings of infant and adult children in the questionnaire and a very brief seven-item survey. Lack of a control group also was a limitation of the Rosen and Teitelbaum study.

Jensen et al. (1995) conducted an assessment of 294 military families. For the first stage of their study, the Child Behavior Checklist (CBCL) was administered to parents. Results of this assessment produced mean CBCL scores that fell within the normal range for this instrument. Two weeks later, children were administered the Children's Depression Inventory, the Revised Children's Manifest Anxiety Scale, and the Diagnostic Interview Schedule for Children. The two most common diagnostic categories were anxiety disorders and ADHD. All major diagnostic categories, except ADHD, were found to be less frequent in the military sample. Mothers of diagnosed children were found to have higher levels of depression than did mothers of nondiagnosed children.

Results of the Jensen et al. (1995) study may be limited in that no control group was used. Also, a total of 192 families originally selected for the study were excluded because they had been preferentially assigned close to Walter Reed Army Medical Center due to their child's special health needs. Thus, data was not included from any of these children. Another limitation of the Jensen et al. study was that the personnel from the military unit selected for study were higher-ranking soldiers, such as medical technical personnel, intelligence specialists, and engineering specialists, and not representative of all military children. Considering these limitations, the conclusions drawn from Jensen and colleagues are questionable.

Research reported by Kelley (1994a, 1994b) has focused on children's behavior as a function of the phase of deployment.

Comparisons were made between children's behavior during a peacetime deployment and behavior during a Persian Gulf wartime deployment. Assessments of children by their mothers during predeployment, mideployment, and postdeployment revealed significantly more internalizing and externalizing behavior before and during separation than after the father's return for children whose fathers' experienced a peacetime deployment. Assessments during wartime deployment revealed no significant changes in internalizing and externalizing behavior as a function of phase of deployment for children whose fathers were deployed during Desert Shield/Desert Storm. Internalizing behaviors in mothers was correlated with internalizing behavior in children. In summary, children of fathers on peacetime deployment exhibited less internalizing and externalizing behavior over time, whereas children in the wartime sample did not.

Collectively, these studies suggest that the military lifestyle does impose stressors on the family that do not exist for nonmilitary families. The mother's reaction to the deployment influences how the child will adjust to the deployment. Level of depression in the mother may be the best predictor of how the child will cope with the deployment. The child's level of psychopathology prior to a deployment also may determine the level of psychopathology experienced during the deployment.

Most research has focused on traditional intact military families. The biological father is the deploying parent and the mother is the parent that stays at home and cares for the

children. Future research should examine the effects of family configuration and sex of the military parent and children's functioning during parental absence. Regardless of the type of family configuration, the stress of the continual deployment and reunion cycle may cause Navy children to be at risk for the development of symptoms which may range from feelings of sadness to severe pathology. A definite pattern of internal and external responses can not yet be accurately predicted for each child experiencing parental deployment; however, some variables have been identified as increasing the probability of difficulties in coping for military children.

Need for Prevention Programs for Navy Children

Research has identified both behavioral problems and somatic complaints in military children that are initiated by the departure of their father on deployment (Amen et al., 1988; Crumley & Blumenthal, 1973). With few exceptions (Kelley et al., 1994) little research has examined the effects of maternal deployment. Nevertheless, some variables have been identified that appear to moderate the negative effects of parental separation. The reactions of the mother to the father's deployment are important elements in determining how the family will function both during the father's absence as well as after reunion (Amen et al., 1988; Lagrone, 1978; McCubbin et al., 1976). The mothers' level of depression has been identified as possibly the best predictor of child psychopathology in military children (Jensen et al., 1995). Although the perception of problems in children's coping ability are related to high levels

of stress in Navy couples (Archer & Cauthorne, 1986; Eastman et al., 1990), prevention programs may help both children and their parents increase their abilities to cope with the stress imposed by deployment.

Eastman et al. (1990) urged primary prevention workers to design intervention programs that will act as an immunization against stress in military families. These programs should strengthen family cohesiveness, expressiveness, and organization while concurrently reducing family conflict and reliance on rigid control mechanisms.

Figley (1993) studied the stress and coping mechanisms of families at strategic points during Desert Shield/Desert Storm. He identified family stressors that included disruption in terms of life patterns and routines and the assumption of new roles associated with helping family and friends cope during the war. Figley also identified both effective and ineffective coping methods employed by families. Effective coping methods included increasing social support by increasing contact with others, especially others in similar situations. Also, avoiding unproductive worrying by channeling energy into doing something to help others, decreasing unrealistic perceptions about the trooper's safety by maintaining contact with the trooper, and maintaining physical health by focusing on healthy habits were identified as effective coping methods. Ineffective coping methods included making radical changes, social withdrawal, substance abuse, avoiding decision making, and denial of the absence and potential danger of the missing family member.

Although studies have not yet confirmed the effectiveness of specific prevention programs, Figley (1993) recommends that such programs adopt a family systems orientation, utilize an empowerment orientation, and be brief and solution focused.

White (1976) reported information gained from his experiences working in private practice near a military installation over a six-year, post-Viet Nam War period. He reported that a high percentage of military families did not follow through with recommendations or treatment. He attributed this problem to the frequent transfers and deployments that made family therapy difficult to implement. White recommended a type of crisis intervention program for military families that is implemented by short-term goals and treatment.

Some researchers have expressed concern that the military families most in need of supportive services are the families that are least likely to utilize the services that are available to them (McKain, 1976; Nice, 1983). In part, this may be due to the lack of maternal awareness of possible psychological disturbance in their children (Jensen et al., 1986). Methods are needed to assure that military children are given the opportunity to participate in prevention programs without relying solely on their parents' perceptions of their children's needs.

In an effort to more fully understand the coping mechanisms of mothers and children during military deployments, Hiew (1992) assessed Canadian military families during the father's absence. He investigated the relationship between social support as perceived by mothers and the coping competence of their children

both behaviorally and in school performance. The children in this study were 66 children of military families in elementary school in grades 4, 5, and 6. They ranged in age from 8 to 11 years. The child's homeroom teacher completed the Classroom Adjustment Rating Scale; mothers completed the Parent Evaluation Form. Children were individually interviewed to assess their coping behaviors. Findings were consistent with previous research that the highest degree of perceived stress was expressed during actual parental absence. The highest number of coping responses occurred during the parental absence stage. Results revealed significant negative correlation between social support coping used by children during the father's absence and acting-out behaviors reported by the child's teachers. Thus, a more frequent use of social support coping may reduce problem behaviors at school. Children who used social support coping while their father was absent were more likely to use problem-focused strategies both during his absence and after his return. Hiew (1992) concluded that children who are successful in their efforts at social support seeking experience better adjustment during parental separation.

Mitchum (1991) developed a group counseling intervention for elementary school children whose fathers were on deployment. Counselors facilitating the groups were graduate level practicum students in a counselor education program. A total of 22 fifth-grade children chosen from four different elementary schools participated in the study. Each child was administered the Coopersmith Self-Esteem Inventory (SEI) one week before beginning

group counseling and one week after group counseling had been terminated. The primary goals of the counseling group were to help each of the children learn how to cope more effectively with their father's deployment and to increase their awareness of their behavioral and emotional reactions to the entire cycle of separation and reunion.

Children also were helped to understand the effects of the deployment cycle on their mother's feelings and behaviors. They gained insight into the separation and reunion cycle and how this affected their feelings toward both parents. The children also gained coping skills by sharing with other children how their family roles changed during deployment and how they were able to have their needs met when their parents were apart during separation as well as when they were together during reunion.

Results of the Mitchum (1991) study demonstrated that participation in group counseling positively affected the self-esteem of Navy children with deployed fathers. A general increase in Total self-esteem was found as well as a specific increase in School-Academic self-esteem.

Group counseling in a school setting will be the treatment intervention in the current study. Thus, the following section will explain the concept of group counseling and provide empirical support for the use of group counseling as an effective intervention for at risk elementary school children.

Group Counseling

Although elementary school counselors use a variety of approaches in working with children, group counseling has been

identified as an approach that can be effective either as a singular intervention or in combination with other approaches.

The following definition of small group counseling will be utilized:

> Group counseling is a dynamic, interpersonal process focusing on conscious thought and involving the therapy functions of permissiveness, orientation to reality, catharsis, and mutual trust, caring, understanding, acceptance, and support. The therapy functions are created and nurtured in a small group through the sharing of personal concerns with one's peers and the counselor(s). The group counselees are basically normal individuals with various concerns which are not debilitating to the extent of requiring extensive personality change. The group counselees may utilize the group interaction to increase understanding and acceptance of values and goals and to learn and/or unlearn certain attitudes and behaviors (Gazda, Duncan, & Meadows, 1967, p. 306).

Three leaders in the field of group work derived this definition from a research survey. The definition represents the compiled definitions of many experts in the field.

Dinkmeyer and Caldwell (1970) identified major goals of developmental group counseling with children that included developing methods of coping and developing increased self-direction and better problem-solving and decision-making abilities.

Another authority in the field of group work in a school setting, Mahler (1969) included finding support from a group of peers and getting several people's reactions to one's problems and concerns as primary values of small group counseling.

Group counseling with elementary school children is quite different from group counseling with older students or adults. For example, it is often necessary for the counselor to provide more structure and to carefully define limits. This gives children the security needed to function in such an intimate situation. Also, the counselor is frequently more active with children than adolescents or adults (Ohlson, 1968). Peer and therapist interactions are used in groups with children to engage each child's intrapsychic strengths for social and academic adjustment (Kahn, 1994). An atmosphere of acceptance is paramount in the group counseling relationship (Dinkmeyer, 1971). Others have advocated the use of a therapist in character to increase creative potential (Gulder & O'Conner, 1991).

Composition, balancing, and administrative considerations are especially important in therapy groups for children. Another important issue in group counseling with children is maintaining a positive and informed relationship with parents (Sugar, 1991). Keeping the size of the group relative to the age of the group members also is important in counseling children. It has been suggested for the upper elementary level to limit the group size to six children (Dinkmeyer & Caldwell, 1970; Mayer, Rohen, & Whitley, 1972). Groups in the present study were limited to six children per group.

The literature on the effectiveness of group counseling for children will be reviewed to provide support for the use of group counseling as the treatment intervention in the current study.

Numerous studies have combined group counseling with additional interventions for positive change in children's behavior, emotions and self esteem. Kern and Hankins (1977) compared Adlerian group counseling in combination with behaviorally contracted homework to Adlerian group counseling without the homework. They found both groups more effective than the control group for improving the adjustment of fourth and fifth grade students. According to teacher ratings, the group which also employed homework was most effective.

Silverman (1976) used small group counseling in combination with behavior charting by the classroom teacher to effect change in students in grades three through six. Out of the 90 students participating in the program, 78 children showed a marked improvement in their report card grades.

Moracco and Kazandkian (1977) compared the effects of small group counseling and consultation with non-western elementary school children. Students that experienced small group counseling in combination with teacher-consultation achieved the greatest positive change in their classroom behavior. Students in either the counseling-only group or in the consultation-only group also achieved positive change; however, there was no significant difference between those two groups. Thus, small group counseling with or without consultation results in positive changes in classroom behavior.

Small group counseling for peer facilitator training has been successful in increasing self-esteem (Gumaer, 1976; Hoffman, 1976). Wilkinson and Bleck (1977) used small group counseling to increase self-esteem in elementary school children whose parents had recently been divorced.

Group counseling alone has been shown to produce a significant gain in student's grades. Although counseled and uncounseled students can improve their grades, counseled students succeed more quickly (Lerche, 1968).

Small group counseling also has been used effectively to change physical reactions to stress. Fourth and fifth-grade students experienced positive change in their level of stress after relaxation training during small group counseling sessions (Rossman & Kahnweiler, 1977).

Crow (1971) found boys to make greater positive gains in self-concept than girls after small group counseling. Girls, however, made greater gains than the boys in teacher-rated behavior.

All of the above studies only examined the effects of the treatment. Harris (1976) found in her study that the level of experience and the personality of the counselor may interact with the treatment program to produce different results for different groups of children.

Small group counseling is one of several approaches used by elementary school counselors in working with children. In counseling children, special consideration needs to be given to the group's structure, limits, and activities. When these

considerations are made, group counseling can be effective in making positive changes in the self-esteem, emotions, and behaviors of elementary school children.

Current Study

Unquestionably, previous research has identified aspects of military life to cause distress in the lives of both the military spouse and the family (Dickerson & Arthur, 1965; Frances & Gale, 1973). Lagrone (1978) used the term "military syndrome" to describe problems in the family that he attributed to the lifestyle required by parental service in the military. Some researchers (Jensen et al., 1986; Morrison, 1981) have refuted Lagrone's pronouncement, yet most agree that the level of stress in military families is high (Archer & Cauthorne, 1986; MacIntosh, 1968; Stumpf, 1978). Stress appears highest during deployment (Eastman et al., 1990).

Research on father absence has documented the negative consequences of deployment for children (Bach, 1946; Gabower, 1960; Hillenbrand, 1976; Stolz, 1954). These effects include behavioral problems and somatic complaints (Amen et al., 1988; Crumley & Blumenthal, 1973). Reactions of the mother to the father's deployment have been identified as an important variable in determining how well children cope with separation and reunion (Amen et al., 1988; McCubbin et al., 1976).

The high rate of depression in Navy wives with absent husbands has been documented (Beckman et al., 1979; Glisson et al., 1980; Nice, 1983). This finding is important for the present research because children of depressed mothers are at

risk for developing depressive and anxiety disorders (Beardslee et al., 1983; Berg, 1976). Children of parents without mental illness are less likely to develop either major depression or separation anxiety (Weissman et al., 1984). Navy wives who become depressed during their husbands' deployment may be unlikely to obtain help for their children during the separation. Therefore, an intervention for children is needed that does not depend on maternal initiative.

Prior research has focused on the effects of paternal deployment on the structure of the traditional family unit. Not until recently have researchers begun to study the effects of maternal deployment (Applewhite & Mays, 1996; Kelley et al., 1994). For purposes of the current study, the assumption will be made that children of deploying mothers are at risk at a level at least equivalent to children of deploying fathers. Also, children of single parents and children of dual military career parents may be at even greater risk than children from two parent families, regardless of the sex of the deploying parent.

Prevention programs are needed for children to increase their abilities to cope with the stress of parental deployment. Eastman et al. (1990) appealed to primary prevention workers to design intervention programs that will act as an immunization against the stress of deployment. Figley (1993) recommended that intervention programs adopt a family systems orientation, utilize an empowerment orientation, and be both brief and solution focused.

Unfortunately, the military families that are most in need of support are least likely to utilize the available services (McKain, 1976; Nice, 1983). A group counseling intervention provided at school may help assure that these children receive the services they need.

Kelley (1994a) found support for previous research (Hunter, 1984; Yeatman, 1981) that older children are able to cope better with separation than younger children. The present study will also examine the differential effects of age on the development of successful coping skills through a group counseling intervention.

Also, some support has been established for gender differences in coping with deployment (Dickerson & Arthur, 1965). The present study also will examine gender to determine if girls are better able to cope with deployment as has been previously reported.

The present study represents one of the few attempts to evaluate the effectiveness of an intervention for the prevention of emotional and behavioral disturbances in children who have one or more parents on deployment with the United States Navy. Specifically, the purpose of this study is to measure the effects of participation in a six session small group counseling intervention provided at school by elementary school counselors for children in the third, fourth, and fifth grade who have a parent on deployment at the time of the study.

Definition of Terms

The following definitions will be used in this study:

Children of Deployed Parents-Group (CDP-Group): A structured series of group activities to help participants increase their ability to cope with the stresses of deployment.

Deployment: The physical separation of the Navy parent from his or her family for at least 90 days as a result of work-related separation.

Navy family: A family with one or more parents on active duty with the United States Navy.

Children of Deployed Parents Group (CDP-Group)

The children in the treatment group in the current study participated in a six session group counseling intervention structured to guide group members through the stages of counseling. An aim of the group counseling was to enable the children to develop more effective coping skills.

The general goals of the CDP-Group and the specific objectives and activities for each session are included in Appendix A. The primary focus of the group counseling was to help each child develop methods of coping and problem solving skills to effectively reduce their anxiety and negative behavior during the parent's deployment.

During session one, self-disclosure was achieved by an activity in which children answered questions drawn from a deck of cards. Questions on the cards related to deployment as well as school and family life. Examples of questions include "how does your family celebrate the return of your parent from deployment", "what rules change in your family while your parent

is on deployment", and "do you feel your ability to do your school work changes while your parent is away".

Session two facilitated the child's understanding of the different phases of the deployment cycle while also building a vocabulary of words to describe their feelings. Individual cognitive and behavioral reactions were identified when children took turns sharing their experiences from previous deployments.

Session three helped to increase the children's abilities to build a supportive network of friends, relatives, and appropriate adults. First, the counselor guided the children to identify characteristics they look for in a friend. Next they identified positive traits of their deployed parent. The group then brainstormed ways they could identify supportive people to help them while their parent is away.

Session four focused on the development of new coping skills for problems encountered during the deployment cycle. Children wrote on paper both real and potential problems that occur during the deployment cycle. The group brainstormed solutions and culminated by role playing some of the more universal situations.

Session five combined problem solving with giving and receiving feedback. The counselor told the group that an imaginary letter had been received from the President asking the group to provide ideas for how to make deployments better for children. If the children agreed, their responses were mailed.

Session six was the final group session. The opportunity was provided for each child to both give and receive feedback from other children in the group regarding how he or she was

coping with the current deployment. Children used clay to make symbolic gifts for each other that were designed to help them cope with the current deployment. They then took turns telling each other the strengths each child had to help cope with deployment. For example, a child could have been told "you have a good sense of humor. When your mom feels sad you can help her laugh. You do that for me too."

Although each session's activities were structured for a high level of involvement of the counselor, there also were ample opportunities for the counselor to follow the leads of the children. Also, the children were encouraged to participate in all of the activities.

Since the initial study conducted by Mitchum (1991), the researcher has had extensive experience in private practice counseling children and their families during all phases of the deployment cycle. The intervention for the current study was developed from this experience.

The present study represents an improvement of the Mitchum (1991) study in that the experimental design includes a control group that did not participate in the treatment intervention. Also, the 1991 study assessed only gain scores of the children's level of self-esteem. The present study assesses the additional variables of anxiety as reported by the child and internalizing and externalizing behavior of the child as reported by the child's teacher and nondeployed parent.

Hypotheses

All of the children in the current study were experiencing a lengthy deployment from one or both of their parents. This situation was expected to be stressful. Participation in group counseling at school was expected to have a positive effect on the self-esteem, anxiety, and behavior of children in the third, fourth, and fifth grades. As suggested by previous researchers (Dickerson & Arthur, 1965; Hunter, 1984; Kelley, 1994a, 1994b; Yeatman, 1981), differential effects on self-esteem, anxiety and behavior were expected for younger children than for older children and for boys as compared to girls. Specifically, children nine years and older were expected to make greater gains than children less than nine years old. Also, boys were expected to make greater gains than girls on each of the dependent variables.

CHAPTER II

METHOD

Participants

Participants were 65 elementary school children who met the following criteria: 1) third, fourth, and fifth graders; 2) currently attending a Norfolk City Public School comprised of a significant Navy population; and 3) had a parent scheduled for deployment with the United States Navy during November and December, 1997. There were 37 children in the treatment group (15 boys and 22 girls) and 28 children in the control group (15 boys and 13 girls). All were children of parents of military personnel with enlisted rank. In all cases, the father was the military member. Demographic variables for the two groups are presented in Table 1. Parents of children who met the study's criteria received a letter inviting them to participate (see Appendices B and C). Although all of the parents were scheduled for deployment during the time of the study, six parents of the children in the treatment group had not deployed by the time of posttest. Also, six parents of children in the treatment group and two parents of children in the control group returned from deployment before the conclusion of the treatment intervention.

Experimental Design

An experimental/control group pretest-posttest design was employed. The independent variables were participation in the Children of Deployed Parents-Group (CDP-Group)/control group,

This manuscript was prepared in accordance with the guidelines set forth in the Behavioral Neuroscience Journal.

gender, and age (defined as 1 = less than nine years of age, and 2 = nine years of age and older). The dependent variables were self-esteem, anxiety, and behavior as measured by the Coopersmith Self-Esteem Inventory (SEI), the State-Trait Anxiety Inventory for Children (STAIC), the Child Behavior Checklist - Teacher Report Form (CBC-TRF).

Overview of Measures

Children were administered the Coopersmith Self-Esteem Inventory and the State Trait Anxiety Inventory for Children by their elementary school counselor before and after a six-week counseling program designed for children with deployed parents (and at similar intervals for the control group). Mothers and teachers of participating children completed the Child Behavior Checklist before and after the counseling program (and at similar intervals for children in the control group). Mothers of participating children completed the Beck Depression Inventory and a background information questionnaire at midpoint in the six-week counseling program. The return rate for the Child Behavior Checklist was 57% for the treatment group (n = 22) and 100% for the control group (n = 28) at pretest, and 77% for the treatment group (n = 30) and 72% for the control group (n = 20) at posttest. The rate of return for the Beck Depression Inventory was 64% for both groups (n (experimental) = 24), n (control) = 18). Return rate for the background information questionnaire was 72% for the treatment group (n = 28) and 64% for the control group (n = 18), after being sent to parents three times.

TABLE 1.
Background Characteristics of the Sample: Means and Standard Deviations

	Treatment (n = 28)		Control (n = 18)	
Years in Navy	15.2	(6.7)	15.1	(8.6)
Child's age	10.0	(1.1)	9.3	(1.7)
Mother's age	34.6	(6.8)	32.7	(3.7)
Mother's education (in years)	12.0	(1.5)	14.0	(1.5)
Father's education (in years)	14.0	(1.7)	14.0	(1.1)
Length of Marriage (in years)	12.0	(6.6)	8.9	(4.8)
Number of weeks since father left for deployment	10.6	(11.0)	14.3	(14.7)
Number of weeks until father is scheduled to return	9.7	(12.0)	8.3	(6.5)
Number of previous long-term deployments (3 months or more)	2.3	(2.5)	2.7	(2.5)
Number of months father has been away from the child because of work	20.7	(20.9)	22.2	(18.6)
Number of children in counseling outside of school during the past 3 month	4		2	
Number of children in counseling outside of school prior to November 1997	1		4	
Number of mothers that have been in counseling during the past three months.	2		4	
Number of mothers that have been in counseling at any time prior to November 1997	4		5	
Father's Paygrade				
E-3	0		2	
E-4	3		3	
E-5	9		4	
E-6	15		9	
E-7	1		0	

Table 1 (continued)

	Treatment (n = 28)	Control (n = 18)
Mother's race/ethnicity		
African American	11	3
Mexican/Hispanic American	1	1
White, non-Hispanic	11	13
Pacific Islander	3	0
American Indian	3	0
Other	0	1
Father's race/ethnicity		
African American	13	3
Mexican/Hispanic American	1	2
White, non-Hispanic	11	10
Pacific Islander	2	0
American Indian	2	1
Other	0	2
Family Size (number of children)		
1 child	0	3
2 children	9	6
3 children	12	3
4 children	6	5
5 children	1	0

Note. Data obtained from returned Parent Demographic Questionnaires. Return rate = 72% (treatment); 64% (control). Behavior Checklist for Parents (CBCL), and the Child Behavior Checklist - Teacher's Report Form (TRF).

Measures

The Coopersmith Self-Esteem Inventory. The Coopersmith Self-Esteem Inventory (SEI; Coopersmith, 1969) is a 58-item paper and pencil instrument measuring self-esteem in several areas including global self-esteem, social self-esteem, self-esteem in the family, and self-esteem at school. The SEI also contains a validity scale. Beside each item the child is asked to put a check in either the column "like me" or "unlike me", describing

how they usually feel. Sample items from the SEI are: "I'm a lot of fun to be with", "It's pretty tough to be me", and "I often get discouraged in school".

Split-half reliability has been established at .90 by Taylor and Reitz (1968). Also, test-retest reliability was .88 over a five-week period and .70 over a three year period (Coopersmith, 1967). Discriminant validity was established when Taylor and Reitz found correlations of .75 and .44 with the Edwards and the Marlowe-Croune social desirability scale. Coopersmith found scores on the SEI related to creativity, academic achievement, resistance to group pressures, willingness to express unpopular opinions, and perceptual constancy. In the present study, only the total score was used in the analyses.

The State-Trait Anxiety Inventory for Children (STAIC; Spielberger, 1973). The State-Trait Anxiety Inventory for Children is a 40 item questionnaire originally designed to assess anxiety in elementary school-aged children. Both scales of the STAIC, State Anxiety and Trait Anxiety, were administered in the present study. The STAIC-State Scale measures transitory anxiety states, whereas the STAIC-Trait Scale measures the more relatively stable individual differences in anxiety proneness. Elevations are expected in the STAIC-State Scale in children that are exposed to stressful situations. Children that are higher in trait anxiety experience STAIC-State elevations at a higher frequency and intensity than do children who are relatively lower in trait anxiety (Speilberger, 1973).

When completing the STAIC scales, children are instructed to respond as to how they feel at a particular moment in time. All statements begin with "I feel". The child then has three choices to select from: "very calm", "calm", and "not calm", and "very worried", "worried", and "not worried" are examples of these statements. Children are asked to respond to the STAIC-Trait scale according to how they generally feel. Examples of statements include "I worry about school" and " I have trouble making up my mind". The choices for each statement are "hardly ever", "sometimes", and "often".

Reliability has been established for the STAIC with expectedly higher test-retest reliability coefficients for children in the normative sample for the STAIC-Trait Scale (.65 for males and .71 for females) than for the STAIC-State Scale (.21 for males and .47 for females). Concurrent validity of the STAIC-Trait scale has been established by correlations with the Children's Manifest Anxiety Scale and the General Anxiety Scale for Children (Spielberger, 1973).

The Child Behavior Checklist: Parent Report Form (CBCL; Achenbach & Edelbrock, 1983). The CBCL is a 113-item measure assessing children's behavior (Achenbach & Edelbrock, 1983). The CBCL yields a total problem score, and the child's score on Internalizing and Externalizing behaviors (Achenbach, 1978; Achenbach & Edelbrook, 1979). Items are scored from: 0) not at all true, to 2) very true or often true.

Achenbach and Edelbrock (1983) established inter-interviewer reliability on subsamples of 241 children each, matched for age,

gender, ethnicity, and SES. Three interviewers achieved corelations of r = .927 (p < .001) for the total CBCL. Test-retest reliability was established at r = .952 (p < .001) for the 118 items that form the Problem Scales. Construct validity has been established with the Connors Parent Questionnaire and the Quay-Peterson Revised Behavior Problem Scales with correlations ranging from r = .59 to r = .88. Criterion validity has been established for the CBCL as scores on all scales significantly discriminate between children who have been referred for mental health services and children who have not been referred.

Test-retest reliability has been established over a 15 day period for 44 children who were 8 and 9 years old, with the mean r = .90 for the problem scales (Achenbach, Phares, Howell, Rauh, & Nurcombe, 1990). The quantitative scale scores discriminate between referred and nonreferred students and the scale score clinical cutpoints discriminate between demographically matched referred and nonreferred students, establishing criterion validity for the Teacher's Report Form (Achenbach, 1991).

The Child Behavior Checklist-Teacher's Report Form (TRF; Achenbach, 1991). The Child Behavior Checklist TRF is a 118-item inventory that assesses children's behavior at school during the previous two months. Items are scored on a 3 point scale from: 0) not observed, to 2) mild to moderate in intensity and duration.

Test-retest reliability has been established over a 15 day period for 44 children who were 8 and 9 years old, with the mean r = .90 for the problem scales (Achenbach, Phares, Howell, Rauh,

& Nurcombe, 1990). The quantitative scale scores discriminate between referred and nonreferred students and the scale score clinical cutpoints discriminate between demographically matched referred and nonreferred students, establishing criterion validity for the Teacher's Report Form (Achenbach, 1991).

Beck Depression Inventory (BDI; Beck & Steer, 1987). The Beck Depression Inventory (Beck & Steer, 1987) is a widely-used self-report measure that assesses depressive behavior. Internal consistency for a nonpsychiatric population was established at .88 (Beck, Steer, & Garbin, 1988). Although the general guidelines in the BDI manual state that scores from 19-29 indicate "moderate-severe depression" (Beck & Steer, 1987, p. 7), the authors also indicate that the purpose of the research being conducted should determine the appropriate choice of a cut-off score. Similar to previous research examining Navy wives with deployed husbands (Kelley, 1994a), a cut-off score of 13 was chosen.

Mothers also completed a Parent Demographic Questionnaire designed to assess Navy families with deployed family members (see Appendix D) (Kelley, 1994a, 1994b). A total of 21 items are included in the questionnaire and assess the mother's age, the father's paygrade, and the mother's and child's participation in counseling prior to and during the duration of the study.

Human Subjects Institutional Review Board Approval

The research proposal for the present study was reviewed and approved by Old Dominion University's Human Subject Institutional Review Board prior to contacting any of the

participants.

Procedure

Parents who agreed for their children to participate completed a Parent Consent Form (see Appendices E and F), a Child Consent Form (see Appendices G and H), and a copy of the Child Behavior Checklist. Parents were requested to return the forms to the child's elementary school counselor within one week.

Prior to beginning the study, the author met with participating counselors at each of the elementary schools to explain the study. Each counselor received a packet of materials including instruments to be administered, the CDP-Group Unit (see Appendix A), and any materials necessary for the weekly group counseling sessions.

Guidance counselors at each of the schools coordinated the data collection. Specifically, counselors removed each child's name from the Child Behavior Checklist as soon as it was received from the child's parent. Each checklist was coded by number, with a master list kept by the child's guidance counselor.

Additionally, guidance counselors facilitated the child's teacher's participation. Specifically, the counselor asked the child's teacher to sign an Informed Consent (see Appendix I), prior to asking the child's teacher to complete the Child Behavior Checklist-Teacher Report Form. Guidance counselors removed any identifying information from the checklists and coded the questionnaires by number before providing them to the author.

Although the original design was for guidance counselors to randomly assign children to experimental groups after receipt of the parent consent forms, the principals of the participating schools decided instead to assign all children meeting criteria at each school to be either treatment group participants or control group participants. Therefore, children were assigned to either treatment or control groups by virtue of the school they attended. Each counseling group was composed of at least five, but no more than six, children. Each school had at least one treatment group or one control group. Schools with larger Navy populations had as many as two or three treatment or control groups.

Children in the treatment group participated in the CDP-Group for 45 minutes per week for six sessions. The group format followed the CDP-Group unit that is included in Appendix A. Guidance counselors were the only facilitators of the groups. At all times the guidance counselors remained in their role which required monitoring and necessary reporting of child abuse. All participating counselors were certified by the State Board of Education, held a Master's Degree in Counselor Education, and had at least one graduate level course in group counseling. Although participation in each session was encouraged, each child had the right to not attend a particular session, or to not participate in any activity once the session began. There was no consequence for nonparticipation.

Children in the control groups did not participate in the Children of Deployed Parents-Group. Their only participation in

the study was to be assessed at pretest and posttest by the same instruments as were the children in the treatment group. Pretesting and posttesting of the children in the control group occurred at the same time as did the pretesting and posttesting of the children in the treatment group.

Midway through the counseling intervention, mothers of all of the children in the study (treatment and control)were requested to complete both the Beck Depression Inventory (BDI) and the Parent Demographic Questionnaire (PDQ). Questionnaires were sent to parents three times. At the conclusion of the six sessions of the CDP-Group, parents and teachers, respectively, completed the Child Behavior Checklist and the Teacher Report Form.

Parents and children were provided with a letter summarizing the results of the study and were encouraged to contact the author to answer any additional questions. Parents requesting individual feedback on their children's assessments met individually with the child's guidance counselor.

CHAPTER III

RESULTS

Overview of Results

The focus of the present study was to examine the effectiveness of a group counseling intervention for children with parents experiencing military-induced deployment. This chapter is a systematic report of the analysis of the data for this study. Specifically, data were obtained on the effects of small group counseling on state anxiety, trait anxiety, and self-esteem of children with a parent in the United States Navy. Data also was obtained regarding the children's levels of internalizing and externalizing behavior as reported by the child's non-deployed parent (in all cases this was the mothers) and the child's classroom teacher. Data was collected prior to and immediately after the six-week counseling sessions.

Several analyses of variance (ANOVAs) were performed to determine whether children's functioning differed due to child gender or age (child age was coded as 1 for children less than nine years of age and 2 for children nine years of age and older). Next, several ANOVAs were conducted to determine whether significant differences existed between the treatment and no treatment group at pre-and post-test on state anxiety, trait anxiety, self-esteem as reported by the child, and the level of internalizing and externalizing behavior as reported by the child's non-deployed parent and the child's classroom teacher. Because maternal functioning may impact maternal reports of children's behavior, a t-test was performed to determine whether

maternal levels of depressive behaviors differed as a function of group (treatment/control). Next, several ANOVAs were conducted on the difference scores. For instance, the difference between children's level of anxiety at pre-and post-test. Several chi-square analyses were conducted to determine whether the number of children that exhibited clinical levels of state anxiety, trait anxiety, self-esteem, and internalizing and externalizing behavior differed as a function of group. Again, scores on each of the variables were dichotomized (1 = clinical; 2 = non-clinical). Lastly, several multiple regressions were performed to identify variables that predict state anxiety, trait anxiety, self-esteem, and internalizing and externalizing behavior in children whose fathers or stepfathers were experiencing military-induced separation.

Results of Analyses of Variances to Examine for Treatment Effects

Several 2 (age) X 2 (condition) analyses of variance were conducted with time as a repeated measure and with state anxiety, trait anxiety, and self-esteem as reported by the child, and the level of internalizing and externalizing behavior as reported by the child's non-deployed parent and the classroom teacher as dependent variables. No main effects or interactions with age or gender were found. As a result, the analyses were rerun collapsing across gender and age.

Next, a series of repeated measure ANOVAs, with time (pre-test/post-test) as a repeated measure were conducted to determine if children's scores differed as a function of condition (1 = treatment; 2 = control). The dependent variables were state

anxiety, trait anxiety, self-esteem, and internalizing and externalizing behavior. No significant main effects or interactions were found. The means and standard deviations are reported in Table 2.

TABLE 2.
Means and Standard Deviations for Analyses of Variance Examining Children's Level of State Anxiety, Trait Anxiety, Internalizing and Externalizing Behavior, and Self-Esteem

	Pre-test				Post-test				
	Treatment		Control		Treatment		Control		F*
	M	SD	M	SD	M	SD	M	SD	
STATE	47.5	10.9	48.0	11.6	43.3	12.7	48.4	14.4	1.69
TRAIT	47.1	11.3	47.4	12.7	47.5	11.7	46.8	13.1	.36
CBCL I	52.8	9.2	54.4	8.2	47.4	7.6	52.2	11.4	.23
CBCL E	48.3	8.6	54.8	9.7	47.0	9.9	53.5	9.9	.00
TRF I	43.8	8.8	50.2	11.6	44.5	9.4	49.9	12.0	.56
TRF E	47.5	8.3	54.0	9.5	51.0	10.1	54.1	10.8	3.89
SEI	68.8	14.6	64.0	14.7	68.0	18.2	63.6	16.4	.04

*All F-values were not significant at the .05 level.

Note. STATE = State Anxiety; TRAIT = Trait Anxiety; CBCL I = Child Behavior Checklist, Internalizing Behavior Scale, CBCL E = Child Behavior Checklist, Externalizing Behavior Scale; TRF I = Teacher Report Form, Internalizing Behavior Scale; TRF E = Teacher Report Form, Externalizing Behavior Scale; SEI = Self-Esteem Inventory.

Although the parents of all of the children were scheduled for deployment, six parents of children in the treatment group had not deployed by posttest. Also, six of the children's parents in the treatment group and two of the children's parents in the control group returned from deployment before the

completion of the treatment intervention. Because this could have potentially influenced the results, a decision was made to rerun the analysis excluding the data from those children. The analyses of variance were rerun three additional ways: excluding the data from children whose parents did not deploy during the time of this study; excluding the data from children whose parents returned from deployment before the completion of the Children of Deployed Parents-Group; and excluding the data from both children whose parents did not deploy during the time of this study and from children whose parents returned from deployment before the completion of the Children with Deployed Parents-Group. None of these analyses of variance was significant (p's < .05).

Next, a t-test for independent samples was conducted comparing the mean scores of the treatment group and control group for maternal depression as measured by the Beck Depression Inventory. This was done to investigate the possibility that maternal depression may account for the failure to find differences between the scores of the children in the treatment and the control groups. With an identical return rate of 64% for both the experimental (n = 24) and control group (n = 18), no significant differences were found (M(treatment) = 4.0; M(control) = 7.9).

Following the t-test, a series of repeated measure ANOVAs, with time as the repeated measure, were conducted on the difference scores. For example, the difference between the children's internalizing scores at pre- and post-test. No

significant main effects or interactions were found (see Table 3).

TABLE 3.
Mean Differences for Analysis of Variance Examining Children's Level of State Anxiety, Trait Anxiety, Internalizing and Externalizing Behavior, and Self-Esteem

	Treatment	Control	
	Mean Difference	Mean Difference	F*
State Anxiety	-4.18	-0.39	1.69
Trait Anxiety	-0.39	1.00	0.38
CBCL Int	5.38	2.15	1.46
CBCL Ext	1.39	1.25	0.00
TRF INT	-0.66	0.39	0.34
TRF EXT	-3.50	-0.04	3.87
Self-Esteem	0.84	0.36	0.04

*All F values were not significant at the .05 level.

Note. CBCL I = Child Behavior Checklist, Internalizing Behavior; CBCL Ext = Child Behavior Checklist, Externalizing Behavior; TRF Int = Teacher Report Form, Internalizing Behavior; TRF Ext = Teacher Report Form, Externalizing Behavior.

Another method of analyzing the data involved determining whether the number of children exhibiting clinical levels of behavior differed as a function of group. In order to examine this question, using normative data for each of the tests, the data was dichotomized into two categories (1 = clinical; 2 = non-clinical). Next, a series of chi-square analyses were performed to determine whether the number of children exhibiting clinical

levels of each of the behaviors differed by group (treatment/control). A significant difference was found for teachers' reports of internalizing scores, X^2 (1,66) = 3.97, $p < .05$. Teachers more often reported that children in the control group exhibited clinical levels of internalizing behavior.

Predictors of Children's Level of Anxiety, Self-Esteem, Internalizing, and Externalizing Behavior

Multiple regressions were conducted to determine which variables best predicted the following dependent variables at post-test: maternal ratings of children's internalizing behavior, maternal ratings of children's externalizing behavior, teacher ratings of children's internalizing behavior, teacher ratings of children's externalizing behavior, and self-esteem, state anxiety, and trait anxiety as reported by the child. After a thorough review of the literature, variables were identified as potentially related to each of the dependent variables. Only results from the significant regression analyses will be reported here.

The following variables were identified as potentially being related to mothers' reports of children's externalizing behavior at post-test: the number of years the father had been in the military, whether the mother reported she was currently receiving psychological counseling (coded as 1 = the mother had received counseling during the past three months; 2 = the mother had not received counseling during the past three months), father's level of education (coded from 1 = some high school to 9 = Master's degree), the number of years that the parents had been married

(coded by the number of years the parents had been married), and the father's paygrade (coded 3 = E3; 4 = E4; 5 = E5; 6 = E6; 7 = E7). With the exception of number of years of service in the Navy, all of the identified variables contributed significantly to the regression equation. When combined, the predictor variables (mother's current participation in counseling, father's level of education, the number of years the parents had been married, and the father's paygrade) accounted for 56% of the variance in mothers' reports of children's externalizing behavior at post-test (see Table 4).

TABLE 4.
Multiple Regression Analysis Predicting Mother's Ratings of Children's Externalizing Behavior at Post-test (n = 39).

Variable	B	SE B	β
Number of years in Navy	0.01	0.02	0.07
Mother currently in counseling	-17.29	4.17	-0.47**
Father's level of education	-2.65	1.03	-0.34*
Number of years married	-0.61	0.24	-0.32*
Father's paygrade	-4.53	2.15	-0.31*

Note. R^2 = .56; Adjusted R^2 = .50.
*p < .05 **p < .001.

Based on the current research examining the internalizing behavior of elementary school aged children, the following variables were identified as predictors of teacher ratings of children's internalizing behavior at post-test. These were the

mother's current participation in counseling, level of maternal depression, children's state anxiety scores at pre-test, trait anxiety scores at pre-test, and the number of previous deployments the child had experienced. With the exception of trait anxiety at pre-test and the number of previous deployments experienced by the father, all of the predictors contributed significantly to the regression equation. When combined, the mother's current participation in counseling, mothers' reports of depressive behaviors, children's state anxiety and trait anxiety at pre-test, and the number of previous deployments experienced by the father accounted for 33% of the variance in teacher ratings of children's internalizing behavior at post-test (see Table 5).

Another method of analyzing the data involved determining whether the number of children exhibiting clinically-significant trait anxiety at pre-test and the number of previous deployments experienced by the father, all of the predictors contributed significantly to the regression equation. When combined, the mother's current participation in counseling, mothers' reports of depressive behaviors, children's state anxiety and trait anxiety at pre-test, and the number of previous deployments experienced by the father accounted for 33% of the variance in teacher ratings of children's internalizing behavior at post-test (see Table 5).

After a review of the available literature regarding situational anxiety in children, the following variables were selected for inclusion in the multiple regression: mothers' self

report of depressive behaviors, mothers' current participation in counseling, the number of weeks the father had been away on the current deployment, the number of previous deployments experienced by the father, and the child's level of trait anxiety at pre-test. The only significant predictor of children's

Table 5.
Multiple Regression Analysis for Predicting Teacher Ratings of Children's Internalizing Behavior at Post-test (n = 34)

Variable	B	SE B	ß
Previous deployments	1.33	.67	.30
Trait anxiety at pretest	.27	.13	.26
Mother currently in counseling	-12.40	6.01	-.32*
Maternal depression	.64	.28	.35*
State anxiety at pretest	-.39	.17	-.36*

Note. R^2 = .33; Adjusted R^2 = .22 *p < .05

state anxiety at post-test was the mother's level of depressive behavior. When combined with the mother's current participation in counseling, the number of weeks the father had been away, the number of previous deployments experienced by the father, and child's level of trait anxiety at pre-test, these variables accounted for 33% of the variance in state anxiety at post-test (see Table 6).

The literature was reviewed to identify variables associated with children's self-esteem. The following predictors were chosen for the analyses that follow: trait anxiety at pre-

test, mothers' reports of children's internalizing behavior at pre-test, teacher's reports of children's internalizing behavior at pre-test, and children's state anxiety at pre-test. Trait

TABLE 6.
Multiple Regression Analysis for Predicting Children's State Anxiety at Post-test (n = 37)

Variable	B	SE B	ß
Number of weeks that the father had been gone on current deployment	-0.18	0.17	-0.18
Maternal depression	1.10	0.33	0.51*
Mother currently in counseling	-5.78	7.29	-0.12
Number of previous deployments by the father	0.76	0.81	0.15
Trait anxiety at pre-test	0.24	0.17	0.22

Notes.
R^2 = .33; Adjusted R^2 = .22
*p < .05

anxiety at pre-test was the only variable that significantly predicted children's self-esteem at post-test. Mothers' reports of children's internalizing behavior at pre-test, teacher's reports of children's internalizing behavior at pre-test, and state anxiety at pre-test, collectively accounted for 35% of the variance in children's self-esteem scores at post-test. (See Table 7.)

Table 7.
Multiple Regression Analysis for Predicting Children's Self-Esteem at Post-test (n = 48)

Variable	B	SE B	ß
Trait anxiety at pre-test	-0.59	0.21	-0.40*
State anxiety at pre-test	-0.24	0.19	-0.15
TRF Internalizing at pre-test	0.02	0.21	0.01
CBCL Internalizing at pre-test	-0.40	0.21	-0.25

Notes.
R^2 = .35; Adjusted R^2 = .29
*p < .001
TRF internalizing = Teacher Report Form, Internalizing Behavior; CBCL internalizing = Child Behavior Checklist, Internalizing Behavior.

CHAPTER IV

DISCUSSION

Summary of Study Findings

The current study proposed to investigate the effectiveness of a group counseling treatment intervention for children with parents experiencing a military-induced deployment. The primary hypothesis was that children who participated in group counseling would exhibit significantly lower anxiety, higher self-esteem, and lower maternal and teacher ratings of internalizing and externalizing behaviors than would control children at post-test. Secondary hypotheses related to differences by children's gender and age. Boys who participated in group counseling were expected to have significantly lower anxiety, higher self-esteem, lower maternal and teacher ratings of internalizing behavior, and higher maternal and teacher ratings of externalizing behavior than girls who participated in group counseling. Also, children nine years and older who participated in group counseling were expected to have significantly lower anxiety, higher self-esteem, and lower maternal and teacher ratings of internalizing and externalizing behavior than children less than nine years old who participated in group counseling. Boys aged nine years and older who participated in group counseling were expected to make greater gains in each of the dependent variables than boys younger than nine years of age and girls of any age who participated in group counseling. An additional secondary hypothesis related to the possible effects of maternal level of depression on children's levels of anxiety, self-esteem, and

internalizing and externalizing behaviors. Children who had mothers who reported depressed affect were expected to have higher levels of anxiety, lower levels of self-esteem, and higher levels of internalizing and externalizing behaviors than children who had mothers that reported not experiencing depressed affect. The major and minor hypotheses of this study were not supported.

Additional analyses were conducted to identify possible predictors of children's levels of anxiety, self-esteem, internalizing behavior, and externalizing behavior. Multiple regressions determined variables that significantly predicted maternal ratings of children's externalizing behavior (mother's current participation in counseling, father's level of education, years married, paygrade, and years in the Navy), self-esteem (trait anxiety), state anxiety (mother's self-reported depressive affect), and teacher ratings of children's internalizing behavior (mother's current participation in counseling, mother's self-reported depressive affect, state anxiety, and trait anxiety).

Group Counseling Treatment Intervention

There are many possible reasons for why the treatment intervention was not successful. The treatment was designed for conditions of a routine peacetime deployment; however, during the course of the deployment conditions became quite precarious. An additional explanation for the lack of group counseling effects is that, for the most part, the behavior and adjustment of children in the present study were within normal limits. It is possible that normally developing children, not experiencing clinical levels of difficulty, may not benefit from group

counseling designed for children experiencing separation from a family member. Also, for some children, deployments are a way of life. Each of these possible explanations will be addressed in turn.

Previous research by Kelley (1994a, 1994b) assessed internalizing and externalizing behaviors of children with fathers experiencing a peacetime deployment compared to the behavior of children whose fathers were deployed during Desert Shield/Desert Storm. Children with fathers on a peacetime deployment exhibited lower levels of internalizing and externalizing behavior over time. That is, children experienced the highest levels of internalizing and externalizing behavior prior to deployment and the lowest levels of difficulty at reunion. In contrast, children with fathers who experienced a wartime deployment did not exhibit changes in their behavior over time. In the present study, the deployment began as a routine peacetime deployment. During the third week of the study, after the counseling groups had begun, the deployment conditions changed. Iraq had refused to abide by the obligations set forth in 1991 by the United Nations Security Council after the Gulf War. Specifically, Iraq refused full access to United Nations weapons inspectors. Due to the possibility that chemical and biological weapons were being stored in Iraq and Hussein's history of instigating conflicts, the United States responded to Iraq's actions by rerouting Navy ships to the Persian Gulf. Thus, fathers of the children in the present study were placed in potential harm as they awaited political negotiations to

determine if a peaceful solution was obtainable. The children and the mothers in the study were aware of the threat of war. It is possible that the internalizing and externalizing behavior of children in both the treatment and control groups remained elevated, as did the children in Kelley's research whose fathers were deployed during Desert Shield / Desert Storm.

Another possible reason for the lack of treatment effect may have been that the majority of the children in this study exhibited behavior and adjustment within normal limits. Ceiling effects may have already occurred, preventing change in a positive direction. Group counseling may have less effect for children exhibiting non-clinical levels of behavior. Moreover, the primary goal of many prevention programs is to prevent children who are already within normal limits from developing behavior patterns within the clinical range, not to reduce appropriate levels of behavior (Bloom, 1996; McElhaney, 1995).

Another possible explanation for the lack of treatment effects is that children may have developed effective coping skills prior to participation in the present study due to previous participation in similar group interventions; however, information regarding prior group counseling experience was not obtained. School counselors routinely provide this type of group counseling intervention to the children in their schools who have a parent on military-induced deployment. Also, for many of these children deployments are a way of life. On average, their fathers had been in the United States Navy for 15 years, and deployed for nearly two years of the child's life. Due to their

familiarity with the deployment cycle, children may not have experienced the current deployment as a significantly stressful event or may have developed coping strategies to combat the negative experiences associated with separation.

Predictors of Children's Level of Functioning

Although participation in group counseling was not effective in reducing internalizing and externalizing behavior, or increasing children's self-esteem or level of anxiety, several variables were predictive of children's level of functioning. For example, mothers who were not in counseling had children with higher functioning. Additionally, higher paternal education and longer parental marriage predicted higher levels of children's functioning.

Some researchers contend that mothers who are experiencing depression may cognitively distort their children's behavior (Bierderman, Mick, & Faraone, 1998; Field, Healy, Goldstein, & Guthertz, 1990). A finding that makes cognitive distortion an unlikely explanation in the present research is that mothers' level of depressive behavior and whether the mother reported being in counseling predicted *teacher's* reports of children's internalizing behavior. That is, mothers who reported greater depressive behavior and were in counseling had children with higher levels of internalizing behavior as reported by the children's teachers.

The mothers' level of depressive behavior also predicted children's level of state anxiety. Moreover, although the number of mothers who rated themselves as being clinically depressed was

small (11.0%), nevertheless, mothers' reports of depressive behavior still contributed to children's level of internalizing behavior as reported by their teachers and children's state anxiety scores. The relationship between mothers' reports of depressive behavior and children's level of internalizing behavior may be bi-directional. That is, the child's behavior also may effect the mother's level of depression.

Previous research has documented that children of depressed parents have an increased risk of general adjustment problems even in early childhood (Cohler, Grunebaum, Weiss, Hartman, & Gallant, 1977; Zahn-Waxler, McKnew, Cummings, Davenport, & Radke-Yarrow, 1984). Children of depressed parents are more likely to receive a clinical diagnosis than children of nondepressed parents and the diagnosis is most likely an affective disturbance (Beardslee, Schultz, & Selman, 1987; Keller et al., 1986;). Children of depressed parents also have significantly higher rates of conduct disorder (Beardslee et al., 1987) and are more likely to have general adjustment problems at school (Downey & Coyne, 1990). Previous research has documented the relationship between clinical levels of depression and maternal ratings of children's externalizing behaviors and conduct disorders (Boyle & Pickles, 1997).

Few mothers in the present study reported clinical levels of depression (11%). Instead most women reported nonclinical levels of depression. Some research suggests that even mothers with mild depressive symptoms, however, may respond differently to their children than do mothers without mild depressive

symptoms (Bettes, 1988). The present study clearly adds to the burgeoning literature demonstrating that even mild experiences of dysphoria may be adversely related to children's adjustment.

Maternal depression is only one of the variables that contributed to children's behavior. Both genetic and environmental influences have been related to children's internalizing and externalizing behavior problems (Deater-Decard, Hetherington, Plomin, & Reiss, 1997). In the present study lower levels of paternal education, lower paternal incomes, and shorter parental marriage predicted externalizing behavior in children. Results from the present study support previous research demonstrating that lower income is related to externalizing behavior in children (Bor et al., 1997; Burns, Patterson, Nussbaum, & Parker, 1991). Low income combined with a parent that had not graduated from high school predicted clinical levels of externalizing behavior in children (Kranzler, Shaffer, Wasserman, & Davies, 1990).

The length of the parental marriage has been related to children's behavior previously. Najman et al. (1997) reported that mothers who did not experience changes in romantic partners during a five-year period reported the lowest rates of both internalizing and externalizing behaviors in their children.

Trait anxiety significantly predicted children's level of self-esteem. Findings in the present research support previous research that found children with low self-esteem also experience increased anxiety (Varni, Rapoff, Waldron, & Gragg, 1996).

Limitations of the Study

One of the major limitations of this study was that the design of the treatment intervention anticipated only a peacetime deployment. The change from peacetime to the threat of a wartime deployment may have introduced challenges to the children that were not addressed during the counseling groups.

Another limitation of this study was the lack of a purely randomized assignment of children to the treatment and control groups. School counselors were mandated by their principals to participate as either a treatment or a control school, thus, at the time of parent solicitation for participation, parents were informed that the child would be participating in a counseling group or in a control group. Teachers also were aware at the time of pretesting if the child they would be rating would be participating in the counseling or the control group. This knowledge may have created rater bias in both teachers and parents.

Another limitation of this study was the timing of the intervention. Although the timetable of this study was designed for weekly counseling sessions to be completed prior to the holiday season, counselors independently modified their treatment schedules. The break in treatment over the holiday season may have reduced or eliminated the treatment effect.

Additionally, some of the children in the study had parents whose deployment altered from the anticipated schedule. Specifically, eight of the children's parents returned from deployment before the counseling groups had ended, six in the

treatment group and two in the control group. Also, six of the parents of children in the counseling groups were scheduled to deploy, but the deployment had not occurred by the completion of group counseling.

Another limitation was that all of the participating families were traditional families in which the father was the military member. The results of this study may not generalize to families in which the mother is the military member or to single-parent families.

Future Studies

The results of this study provide support for the opinion that military children do not exhibit higher levels of clinically significant behaviors than do non-military children. Therefore, treatment may not be indicated for every child experiencing a military-induced separation.

Children's levels of anxiety, self-esteem, and internalizing and externalizing behaviors were not unilaterally affected by their parent's deployment. Instead, a number of variables were found to account for the variance in the adjustment of military children to their fathers' deployments.

The present study has identified variables that account for a significant amount of the variance in children's levels of anxiety, self-esteem, maternal ratings of children's externalizing behaviors, and teacher ratings of children's internalizing behaviors during military-induced deployments of their parents.

Future studies may have productive outcomes if children of parents on military-induced deployments are selected for participation in treatment interventions based on maternal, child, and environmental variables identified in the present study. School guidance counselors need to be aware of the relationship between maternal and child functioning. That is, children whose mothers are experiencing difficulty during separation may be at particular risk. Trait anxiety also is an important treatment indicator for these children. In combination with information regarding the mother's participation in counseling, the father's paygrade, the father's level of education, and the number of years the parent's have been married, mothers' level of depressive affect and children's self-reported trait anxiety may be used in future studies to effectively identify children who may benefit from participation in group counseling.

School counselors are limited by the level of treatment that can be provided to children referred for counseling in the public schools. The focus of elementary school guidance programs is on prevention rather than treatment. Children identified by the aforementioned variables may receive more benefit from a treatment setting outside the public school. Future research should focus on treatment interventions provided in a clinical setting rather than in a school setting. Also, information is needed regarding the relative effectiveness of other treatment modalities for this population. Individual therapy, family therapy, and multi-family therapy may be more effective treatment

modalities for this population. Future studies should compare various treatment strategies for children's outcomes.

Mothers of children who are experiencing behavioral and emotional problems during their father's deployment also may be at risk. As their children's problems worsen, their depressive symptoms also may increase. Future studies should assess counseling interventions for mothers needing support during their spouses' deployment.

Summary and Conclusions

The group counseling treatment intervention described in this study for elementary school children with a parent on military-induced deployment is not an effective treatment intervention for the improvement of children's levels of anxiety, self-esteem and maternal and teacher ratings of internalizing, and externalizing behavior.

Children attending group counseling provided by the child's school counselor did not differ over time from control children in their levels of state or trait anxiety, self-esteem, or mothers' or teachers' ratings of children's internalizing and externalizing behaviors. It is possible that other factors identified in the present research may be more effective in determining children's functioning during parental absences. These factors may be used as treatment indicators to identify children of parents experiencing military-induced separations who may benefit from treatment. Future studies may effect change if children are selected for participation in treatment interventions based on the mother's level of psychopathology, the

child's level of trait anxiety, information regarding the mother's participation in counseling, as well as demographic variables that may put children at risk (lower SES and less marital stability).

Additional research with this population should investigate other treatment interventions such as individual therapy, family therapy, and multi-family group therapy. Clinical settings may be more appropriate than school settings for the provision of services for this population. When group counseling is used as a treatment intervention for this population, consideration should be given to incorporating strategies to cope with potential hazardous duty assignments of the military parent, even during an anticipated routine peacetime deployment.

REFERENCES

Achenbach, T. M. (1978). The Child Behavior Profile: I. Boys aged 6-11. *Journal of Consulting Clinical Psychology, 46,* 478-488.

Achenbach, T. M. (1991). *Manual for the Teacher's Report Form. and 1991 Profile.* Burlington, VT: University of Vermont Department of Psychiatry.

Achenbach, T. M., & Edelbrock, C. S. (1979). The Child Behavior Profile: II. Boys aged 12-16 and girls aged 6-11 and 12-16, *Journal of Consulting and Clinical Psychology, 47,* 223-333.

Achenbach, T. M., & Edelbrock, C. S. (1983). *Manual for the Child Behavior Checklist and Revised Child Behavior Profile.* Burlington, VT: University Associates in Psychiatry.

Achenbach, T. M., Phares, V., Howell, C. T., Rauh, V. A., & Nurcombe, B. (1990). Seven-year outcome of the Vermont intervention program for low-birthweight infants, *Child Development, 61,* 1672-1681.

Ainsworth, M. D. S., & Bell, S. (1970). Attachment, exploration, and separation: Illustrated by the behavior of one-year-olds in a strange situation. *Child Development, 41,* 49-67.

Amen, D. J., Jellen, L., Merves, E., & Lee, R. E. (1988). Minimizing the impact of deployment on military children: Stages, current preventive efforts, and system recommendations. *Military Medicine, 153,* 441-446.

Applewhite, D. S. W., & Mays, R. A. (1996). Parent-child separation: A comparison of maternally and paternally separated children in military families. *Child and Adolescent*

Social Work Journal, 13, 23-39.

Archer, R. P., & Cauthorne, C. V. (1986). *A final report on an investigation of the effects of deployment-related factors on performance and psychosocial adjustment* (Tech. Rep. No. ONR N00014-84-C-0666). Arlington, VA: Office of Naval Research.

Bach, G. (1946). Father-fantasies and father-typing in father separated children. *Child Development, 17,* 63-80.

Barclay, A. G., & Cusumano, D. (1967). Father-absence, cross-sex identity, and field-dependent behavior in male adolescents. *Child Development, 38,* 243-250.

Beardslee, W. R., Bemporad, J., Keller, M. B., & Klerman, G. L. (1983). Children of parents with major affective disorders. *American Journal of Psychiatry, 140,* 825-832.

Beardslee, W., Schultz, L., & Selman, R. (1987). Level of social cognitive development, adaptive functioning, and DSM-III diagnoses in adolescent offspring of parents with affective disorders: Implications of the development of the capacity for mutuality. *Developmental Psychology, 23,* 807-815.

Beck, A. T., & Steer, R. A. (1987). *Beck Depression Inventory Manual.* New York: The Psychological Corporation.

Beck, A. T., Steer, R. A., & Garbin, M. G.(1988). Psychometric properties of the Beck Depression Inventory: Twenty-five years of evaluation. *Clinical Psychology Review, 8,* 77-100.

Beckman, K., Marsella, A. J., & Finney, R. (1979). Depression in the wives of nuclear submarine personnel. *American Journal of Psychiatry, 136:4B,* 524-526.

Berg, I. (1976). School phobia in children of agoraphobic women. *British Journal of Psychiatry, 128,* 86-89.

Bettes, B. (1988). Maternal depression and motherese: Temporal and intonational features. *Child Development, 59,* 1089-1096.

Bierderman, J., Mick, E., & Faraone, S. (1998). Biased maternal reporting of child psychopathology? *American Academy of Child and Adolescent Psychiatry, 37,* 10-12.

Biller, H. B. (1968). A note on father-absence and masculine development in young lower-class Negro and White boys. *Child Development, 39,* 1003-1006.

Biller, H. B. (1971). The mother-child relationship and the father-absent boy's personality development. *Merrill-Palmer Quarterly of Behavior and Development, 17,* 227-241.

Blanchard, R. W., & Biller, H. B. (1971). Father availability and academic performance among third-grade boys. *Developmental Psychology, 4,* 301-305.

Bloom, M. (1996). *Primary prevention practices* (Vol. 5). Thousand Oaks, CA: Sage.

Bor, W., Najman, J. M., Andersen, M. J., O'Callaghan, M., Williams, G. M., & Behrens, B. C. (1997). The relationship between family income and psychological disturbance in young children: An Australian longitudinal study. *Australian and New Zealand Journal of Psychiatry,* 31, 664-675.

Bowlby, J. (1973). *Attachment and loss, II: Separation.* New York: Basic Books.

Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development.* New York: Basic Books.

Boyle, M. H., & Pickles, A. R. (1997). Influence of maternal depressive symptoms on ratings of childhood behavior. *Journal of Abnormal Child Psychology, 25,* 399-412.

Broadhurst, D., Estey, R., Hughes, W., Jenkins, J., & Martin, J. (1980). *Child protection in the military communities.* U.S. Department of Health and Human Services, DHHS Publication No. 80-30260. Washington, DC: U. S. Government Printing Office.

Burns, G. L., Patterson, D. R., Nussbaum, B. R., & Parker, C. M. (1991). Disruptive behaviors in an outpatient pediatric population: Additional standardization data on the Eyberg Child Behavior Inventory. *Psychological Assessment, 3,* 202-207.

Cohler, B. J., Grunebaum, H. U., Weiss, J. L., Hartman, C.R., & Gallant, D. H. (1977). Child care attitudes and adaptation to The maternal role among mentally ill and well mothers. *American Journal of Orthopsychiatry, 46,* 123-133.

Coopersmith, S. (1967). *The antecedents of self-esteem.* San Francisco: W. H. Freeman & Co.

Coopersmith, S. (1969). *Self-Esteem Inventory.* Palo Alto, CA: Consulting Psychologists Press.

Crow, M. L. (1971). A comparison of three group counseling techniques with sixth graders. *Elementary School Guidance and Counseling Journal, 6,* 37-42.

Crumbley, F., & Blumenthal, R. (1973). Children's reactions to temporary loss of the father. *American Journal of Psychiatry, 130,* 778-782.

Deater-Decard, K., Reiss, D., Hetherington, E., & Plomin, R. (1997). Dimensions and disorders of adolescent adjustment: A

quantitative genetic analysis of unselected samples and selected extremes. *Journal of Child Psychology and Psychiatry Allied Disciplines, 38,* 515-525.

Department of Defense (1992). *Fact sheet: Women in the military.* Alexandria, VA: Defense Manpower Data Center.

Deutsch, M., & Brown, B. (1964). Social influences in Negro-White intelligence differences. *Journal of Social Issues, 20,* 24-35.

Dickerson, W. J., & Arthur, R. J. (1965). Navy families in distress. *Military Medicine, 130,* 894-898.

Dinkmeyer, D., & Caldwell, E. (1970). *Developmental counseling and guidance: A comprehensive school approach.* New York: McGraw-Hill.Dinkmeyer, D. (1971). Developmental counseling: Rationale and relationship. *The School Counselor, 18,* 246-252.

Downey, G., & Coyne, J.C. (1990). Children of depressed parents: An integrative review. *Psychological Bulletin, 108,* 50-76.

Eastman, E., Archer, R.P., & Ball, J.D. (1990). Psychosocial and life stress characteristics of Navy families: Family environment scale and life experiences scale findings. *Military Psychology, 2,* 113-127.

Field, T., Healy, B., Goldstein, S., & Guthertz, M. (1990). Behavior-state matching and synchrony in mother-infant interactions of nondepressed vs. depressed dyads. *Developmental Psychology, 26,* 7-14.

Figley, C. R. (1993). Coping with stressors on the home front. *Journal of Social Issues, 49,* 51-71.

Frances, A., & Gale, L. (1973). Family structure and the

military. *Family Process, 12,* 171-178.

Gabower, G. (1960). Problems of children in Navy officer's families. *Social Casework, 41,* 177-184.

Gazda, G., Duncan, J., & Meadows, M. (1967). Group counseling and group procedures-report of a survey. *Counselor Education and Supervision, 6,* 305-310.

Glisson, C. A., Melton, S. C., & Roggow, L. (1980). The effect of separation on marital satisfaction, depression, and self-esteem. *Journal of Social Service Research, 4,* 61-76.

Guldner, C. A., & O'Conner, T. (1991). The ALF group: A model of group therapy with children. *Journal of Group Psychotherapy, 43,* 184-190.

Gumaer, J. (1976). Training peer facilitators. *Elementary School Guidance and Counseling Journal, 11,* 26-36.

Harris, S. (1976). Rational-emotive education and the human development program: A guidance study. *Elementary School Guidance and Counseling Journal, 11,* 113-121.

Hetherington, E. M. (1966). Effects of paternal absence on sex-typed behaviors in Negro and White preadolescent males. *Journal of Personality and Social Psychology, 4,* 87-91.

Hiew, C. C. (1992). Separated by their work: Families with fathers living apart. *Environment and Behavior, 24,* 206-225.

Hillenbrand, E. D. (1976). Father absence in military families. *The Family Coordinator, 25,* 451-458.

Hoffman, L. (1976). Peers as group counseling models. *Elementary School Guidance and Counseling Journal, 11,* 37-44.

Hoffman, M. L. (1971). Father absence and conscience development.

Developmental Psychology, 4, 400-406.

Hunter, E. J. (1984). Treating the military captive's family. In F. Kaslow & R. Ridenour (Eds.), *Treating the military family: Dynamics and treatment* (pp.167-196). New York: Guilford.

Jennings, R. M., & Ball, J. D. (1982). Patient compliance with CHAMPUS mental health referals. *Professional Psychology, 13,* 172-173.

Jensen, P. S., Lewis, R. S., & Xenakis, S. N. (1986). The military family in review: Context, risk, and prevention. *Journal of the American Academy of Child Psychiatry, 25,* 225 - 234.

Jensen, P. S., Traylor, J., Xenakis, S. N., & Davis, H. (1988). Child psychopathology rating scales and interrater agreement: Parents' gender and psychiatric symptoms. *Journal of the American Academy of Child Psychiatry, 27,* 442-450.

Jensen, P. S., Xenakis, S. N., Wolf, P., & Bain, M. W. (1991). The "military family syndrome" revisited: "By the numbers". *The Journal of Nervous and Mental Disease, 179,* 102-107.

Jensen, P. S., Watanabe, H. K., Richters, J. E., Cortes, R., Roper, M., & Liu, S. (1995). Prevalence of mental disorder in military children and adolescents: Findings from a two-stage community survey. *Journal of the American Academy of Child and Adolescent Psychiatry, 34,* 1514-1524.

Jones, A., & Butler, M. (1980). A role transition approach to the stresses of organizationally induced family role disruption. *Journal of Marriage and the Family,* 367-376.

Kahn, S. R. (1994). Children's therapy groups: Case studies of prevention, reparation, and protection through children's play. *Journal of Child and Adolescent Group Therapy, 4,* 47-60.

Kashani, J. H., Beck, N. C., & Burk, J. P. (1987). Predictors of psychopathology in children of patients with major affective disorders. *Candandian Journal of Psychiatry, 32,* 287-290.

Kelley, M. L. (1994a). Military-induced separation in relation to maternal adjustment and children's behaviors. *Military Psychology, 6,* 163-176.

Kelley, M. L. (1994b). The effects of military-induced separation on family factors and child behavior. *American Journal of Orthopsychiatry, 64,* 103-111.

Kelley, M. L., Herzog-Simmer, P. A., & Harris, M. A. (1994). Effects of military-induced separation on the parenting stress and family functioning of deploying mothers. *Military Psychology, 6,* 125-138.

Kern, R., & Hankins, G. (1977). Adlerian group counseling with contracted homework. *Elementary School Guidance and Counseling Journal, 11,* 284-290.

Kranzler, E., Shaffer, D., Wasserman, G., & Davies, M. (1990). Early childhood bereavement. *Journal of the American Academy of Child and Adolescent Psychiatry, 29,* 513-520.

Kubler-Ross, E. (1970). *On death and dying.* New York: MacMillan.

Lagrone, D. M. (1978). The military family syndrome. *American Journal of Psychiatry, 135,* 1040-1043.

Lerche, M. (1968). Seven sessions with failing students. *The*

School Counselor, 15, 382-385.

Lynn, D. B., & Sawrey, W. L. (1959). The effects of father-absence on Norwegian boys and girls. *Journal of Abnormal Social Psychology, 59,* 258-262.

MacIntosh, H. (1968). Separation problems in military wives. *American Journal of Psychiatry, 125,* 151-161.

Mahler, C. (1969). *Group counseling in the schools.* Boston: Houghton Mifflin.

Mayer, G., Rohen, T., & Whitley, A. (1972). Group counseling with children: A cognitive-behavioral approach. In R. Diedrich and Dye (Eds.), *Group procedures: Purposes, processes and outcomes.* Boston: Houghton Mifflin.

McCord, J., McCord, W., & Thurber, E. (1962). Some effects of paternal absence on male children. *Journal of Abnormal and Social Psychology, 64,* 361-369.

McCubbin, H. I., Dahl, B. B., & Hunter, E. J. (1976). Research on the military family: A review. In H. I. McCubbin, B. B. Dahl, & E. J. Hunter (Eds.), *Families in the military system* (pp. 291-319). Beverly Hills: Sage Publications.

McElhaney, S. J. (1995). *Getting started: The NMHA guide to establishing community-based prevention programs.* Alexandria, VA: National Mental Health Association.

McKain, J. L. (1976). Relocation in the military: A function of geographic mobility among families. In H. I. McCubin, B. B. Dahl, E. J. Hunter (eds), *Families in the military system,* (pp. 92-111). Beverly Hills, CA: Sage.

Mead, S. L., & Rekers, G. A. (1979). Role of the father in

normal psychosexual development. *Psychological Reports, 45,* 923-931.

Mitchum, N. T. (1991). Group counseling for Navy children. *The School Counselor, 38,* 372-377.

Moracco, J., & Kazandkian, A. (1977). Effectiveness of behavior counseling and consulting with non-western elementary school children. *Elementary School Guidance and Counseling Journal, 11,* 244-251.

Morrison, J. (1981). Rethinking the military family syndrome. *American Journal of Psychiatry, 138,* 254-357.

Najman, J. M., Behrens, B., Andersen, M., Bor, W., O'Callaghan, M., & Williams, G. (1997). Impact of family type and family quality on child behavior problems: A longitudinal study. *Journal of the American Academy of Child and Adolescent Psychiatry, 36,* 1357-1365.

Nice, D. S. (1983). The course of depressive affect in Navy wives during family separation. *Military Medicine, 148,* 341-343.

Ohlson, M. (1968). Counseling children in groups. *Elementary School Guidance and Counseling Journal, 15,* 343-349.

Pedersen, F. A. (1966). Relationships between father-absence and emotional disturbance in male military dependents. *Merrill-Palmer Quarterly, 12,* 321-331.

Pedersen, F. A. (1976). Does research on children reared in father absent families yield information on father influence? *The Family Coordinator,* 459-464.

Rosen, L. N., & Teitelbaum, J. M. (1993). Children's reactions

to the Desert Storm deployment: Initial findings from a survey of Army families. *Military Medicine, 158,* 465-469.

Rossman, H., & Kahnweiler, J. (1977). Relaxation training with intermediate grade students. *Elementary School Guidance and Counseling Journal, 11,* 259-266.

Scott, J., & Senay, E. (1973). *Separation and depression.* Washington, DC: American Association for the Advancement of Science.

Segal, M., & Harris, J. (1993). *What we know about Army families.* Alexandria, VA: U. S. Army Institute for the Behavioral and Social Sciences.

Silverman, M. (1976). The achievement motivation group: A counselor-directed approach. *Elementary School Guidance and Counseling Journal, 11,* 100-106.

Snyder, A. I. (1978). Periodic marital separation and physical illness. *American Journal of Orthopsychiatry, 48,* 637-643.

Spelke, E., Zelazo, P. Kagan, J. & Kotelchuck, M. (1973). Father interaction and separation protest. *Developmental Psychology, 9,* 83-90.

Spielberger, C. D. (1973). *State-Trait Anxiety Inventory for Children.* Palo Alto, California: Mind Garden.

Stoltz, L. (1954). *Father relations of war born children: The effect of postwar adjustment of fathers on the behavior and personality of first children born while fathers were at war.* Palo Alto, California: Stanford University Press.

Stumpf, S.S. (1978). Military family attitudes toward housing, benefits, and the quality of military life. In E. J. Hunter

& D. S. Nice (Eds.), *Military families: Adaptation to change* (pp. 3-16). New York: Praeger.

Sugar, M. (1991). Planning group therapy for children. *Journal of Child and Adolescent Group Therapy, 1,* 5-14.

Taylor, L., & Reitz, W. (1968). *The three faces of self-esteem.* Department of Psychology, The University of Western Ontario Research Bulletin #80.

Varni, J. W., Rapoff, M. A., Waldron, S. A., & Gragg, R. (1996). Chronic pain and emotional distress in children and adolescents. *Journal of Developmental and Behavioral Pediatrics, 17,* 154-161.

Weissman, M. M., Leckman, J. F., Merikangas, G., Gammon, D., & Prusoff, B. A. (1984). Depression and anxiety disorders in parents and children. *Archives of General Psychiatry, 41,* 845-853.

White, J. H. (1976). An analysis of first-year referrals to a new military child psychiatry clinic. *U. S. Navy Medicine, 67,* 18-22.

Wilkinson, G., & Bleck, R. (1977). Children's divorce groups. *Elementary School Guidance and Counseling Journal, 11,* 205-213.

Yeatman, G. W. (1981). Paternal separation and the military dependent child. *Military Medicine, 146,* 320-322.

Zahn-Waxler, C., McKnew, D., Cummings, E.M., Davenport, Y. B., & Radke-Yarrow, M. (1984). Problem behaviors in peer interaction of young children with a manic-depressive parent. *American Journal of Psychiatry, 141,* 236-240.

APPENDIX A

CHILDREN OF DEPLOYED PARENTS GROUP

Goals:

1. To increase each child's level of awareness of the possible effects of the deployment cycle on the family.
2. To provide each child the opportunity to increase self awareness of behaviors and feelings that are currently used by the child to cope with parental deployment.
3. To increase each child's ability to build a supportive network of friends, relatives and other appropriate adults such as teachers, school administrators and counselors.
4. To increase each child's coping ability and problem solving skills to use during the current deployment cycle.

Session One

Objectives:

1. Each child will learn the purpose of the group and receive an overview of the focus of the upcoming activities.
2. Each child will learn the name of every other child in the group.
3. Each child will have the opportunity to self disclose information about self that is relevant to the group's purpose and hear other's disclosure similar information.

Materials:

Set of cards containing self disclosure questions such as, "tell the group the different places you have lived", "tell the group the names and ages of your brothers and sisters", "how does your family celebrate the return of your mother or father from deployment?".

Activities:

1. Begin the group by explaining to the group members that they were each chosen to be a member of this group because they each have a family member that is away on deployment. Continue by explaining the group's purposes to help each child learn about what happens in families during deployment, to increase understanding of how each child now handles the feelings associated with deployment and to learn new ways to handle problems that happen during deployment.
2. Name game: Go around the group, giving each child an opportunity to say his or her name. Then ask each child to think for a moment about a name that he or she would like to be called in this group. It can be either his or her own name or the name of a fictitious or real person. Then go around the group and give each child a chance to say his or her new name. The counselor will then call on volunteers to name everyone's names.
3. Explain to the group that today they will have a chance to learn something new about the other children in the group. Explain that they will be playing a game in which they will each take turns drawing cards from a deck of

cards. Each card will ask a question or instruct the child to tell some information. Some of the cards give a chance to ask questions of others in the group. If a child draws a card that he or she does not want to answer, the card is read aloud and the group is asked, "who would like to answer this card?" The counselor will help the children realize ways in which they are similar by asking for additional volunteers to answer cards, then pairing and contrasting the answers of several children.

Session Two

Objectives:

1. Each child will have the opportunity to learn about the different phases of the deployment cycle.
2. Each child will learn names for the various emotions they experience during different times in the deployment cycle.
3. Each child will identify cognitive and behavioral reactions experienced in association with various emotions.

Materials:

Large sheets of paper, marker and tape or tacks to adhere the paper to the wall.

Activities:

1. Name game: Give each child a chance to tell the group what he or she would like to be called. Take turns naming names.

2. Tell the group that today they will be learning about their feelings, thoughts and behaviors and how these can all interact together to result in either positive or negative experiences. The focus of the group will be on the feelings, thoughts and behaviors each child has before their parent deploys (predeployment stage), while their parent is away on deployment (deployment stage), and after their parent has returned (postdeployment stage). These feelings, thoughts and behaviors will also be compared to the feelings, thoughts and behaviors they may have when their parent is on shore duty.
3. Ask the group to help make a list of feelings words by thinking about how they feel when they first learn that their parent (or parents) are going to be leaving on deployment. Draw a line down the center of the big sheet of paper that is on the wall and write the word "positive" on one side of the sheet and "negative" on the other side of the sheet of paper. As the children think of words, help them decide rather the words should be listed on the positive side or the negative side of the paper. Explain that feelings are not really good or bad, but the behaviors we choose to do may be considered good or bad. Continue to generate lists of words for each stage of the deployment cycle – predeployment, deployment, and postdeployment as well as times during parent's shore duty.
4. Next, ask children to take turns choosing a word from the

list and telling the group about a time that they felt that way. Help them to identify the stage of deployment during which this occurred. Next, ask them to try and recall a thought they had about the feeling. Lastly, ask the child to share what they did in reaction to the thought or feeling. For example, a child could share, "When my father told me that he would not be home for Thanksgiving or Christmas I felt real mad. I thought he probably just didn't want to be home. I felt like hitting something so I went upstairs and started throwing some stuff around in my room."

Help the group to focus on the connection between feelings, thoughts and behaviors.

Session Three

Objectives:

1. Each child will have the opportunity to learn the concept of a support network.
2. Each child will identify people that are currently in his or her support network.
3. Each child will have the opportunity to make plans to increase his or support network, if this is needed.

Materials:

Paper, pencil and chalkboard or large sheet of paper.

Activities:

1. Begin the group by explaining how many of them have lived

in several different places due to their parent being in the Navy. Some positive things about moving is getting to have a lot of new experiences; however, for some moving is stressful because old friends get left behind and new friends must be made. Ask the children to talk about why friends are important.

2. Ask the group to generate a list of traits they look for in a friend. Encourage them to identify personality traits rather than physical characteristics. List these characteristics on a chalkboard or large sheet of paper. Next, have each person identify the characteristics that describe themselves best from the list.
3. Give each child a piece of paper on which to write a list of positive traits of their parent who is away on deployment. Ask each child to read their list aloud and encourage the group to identify some other adults they know that have some of the same traits that their deployed parents have. Some of these adults may be relatives, neighbors or even teachers at their school.
4. Have the group brainstorm on how they can choose appropriate adults, with the permission of their parent at home, to help them while their parent is away. For example, someone may share that they are supposed to make a bird feeder for scouts, but their father is away. Their mother doesn't like to build things. They may decide to ask their next door neighbor who has helped their dad with projects before.

Session Four

Objectives:

1. Each group member will have the opportunity to share his or her concerns about deployment with the group.
2. Each group member will learn some new coping skills for problems encountered during the deployment cycle.

Materials:

Paper, pencils, and enough floor space for role playing.

Activities:

1. Introduce this session by discussing some situations that could occur as a result of one's parent being on deployment. For example, a concern during deployment may be that mother or father is not home when their help is needed. It may be that scouts are having a father-son day, but father is on the ship. Perhaps mothers are being invited to school for a special lunch, but mother is away on deployment. Other situations could focus on the reunion, when rules at home may change. While father is away, mother may have let everyone eat snacks in the living room while watching television. After father returns, the rule changes and all food must be eaten at the table. You forget and feel like it's a dumb rule and react by breaking the rule. What happens?
2. Next give each child several half-sheets of paper and ask each child to write both real and potential experiences. Identify on the paper during which stage of the deployment cycle each situation is likely to occur.

3. After everyone has finished, collect the sheets of paper and read each situation aloud, keeping the writer anonymous. Encourage the group to brainstorm possible solutions. Select several of the more universal situations to role play.

Session Five

Objectives:

1. Each child will have the opportunity to learn how to brainstorm.
2. Each child will learn how to evaluate possible solutions.
3. Each child will have the opportunity to receive feedback from other children in the group.

Materials:

Letter from the President. Pencils, paper.

Activities:

1. Tell the group that today they are going to do some pretending. In order for everyone to have fun, we must begin from this point on to act as if everything we are saying and doing is for real. Today I received a letter from the President of the United States. It was addressed to our group and said:

"Dear (counselor's name):

It has come to my attention that you have been meeting with a group of children to help them learn how to solve problems that happen when their parents go out on deployment. I need your help. The United States is going to change the way that the Navy functions. We want

to change the way that deployments affect children. The only problem is, we don't know how to do this. Could your group of children help our country by giving advice on how to change the way the Navy deploys parents so that children can be as happy as possible?

Please list all the ideas you can think of. After you are finished, could you also put a plus beside the best ideas and a minus sign beside the ideas that your group evaluates as being not so good. Thank you.

Sincerely,

The President of the United States

2. The group will then generate ideas on how to change the deployment process. Help them to first just brainstorm, and not be critical of any idea that comes to mind. The next phase after generating the list is to evaluate each option.
2. Help the group to process ideas associated with not having the Navy require any deployments. Focus on the importance of the Navy and why deployments are necessary. Also, process any ideas associated with not having parents deploy. Focus on the unique skills and talents that each of their parents have and how each parent is needed to accomplish the tasks of the Navy. Challenge the group with questions such as "should no parent be

allowed to travel away from home for their job?" and "how could the deployment still happen but not be so hard on families?" The children may generate ideas such as free phone calls and trips to deployment sites for kids. Reinforce each child for any positive solution generated and acknowledge the feelings associated with any negative solutions offered.

Session Six

Objectives:

1. Each child will have an opportunity to receive feedback from the other children in the group regarding how he or she is coping with the current deployment.
2. Each child will have the opportunity to learn how she or he has helped other children in the group.
3. Each child will have the opportunity to process the effect that the group has had on the way he or she copes with deployment.

Materials:

Index cards, pens, and an extra chair with a sheet of red construction paper cut to look like fire.

Activities:

1. Explain that although the group is ending today, they each will be taking with them ideas and skills that they learned from their experience in the group. They have learned how to solve some of the problems associated with deployments, but they have also learned about some things they can not change. They can not always change a

situation, but they can always choose what they think about the situation. They are also capable of choosing their behavior.

Next, explain that today we are going to each imagine that we have all the money we want and can do magic. We are going to give imaginary gifts to each other. Give children each a lump of play dough and instruct them to make gifts for each child in the group. The gifts are to be things that would help each child cope better while their parent is on deployment. Take turns having one child at a time sit in the empty chair while each child in the group gives the symbolic gift made of play dough. The gifts may be symbols like "a magic pencil that you can use to do your homework while your mom is away. Since she always helps you with your work and she can't be here to help you, this magic pencil will help you do the work." Or, "this is a key to a magic place that you can go to when your big brother and mother start arguing while your dad is away. In your magic place, things are calm and happy. You can stay there as long as you want."

2. Next have a go around in which children take turns again sitting in the empty chair. This time group members will take turns telling the child in the empty chair the strengths he or she has that help cope with deployment. For example, one child may be told "You have a good sense of humor. When your mom feels sad, you can help her to laugh. You do that for me too."

The counselor also may participate in this activity, taking her or his turn last. The counselor should also participate in giving gifts and positive feedback to each child in the group.

APPENDIX B

PARENT LETTER: TREATMENT GROUP

You and your child have been chosen to participate in a research project sponsored by Norfolk Public Schools and Old Dominion University. The title of the project is: *The Effects of Group Counseling on the Self-Esteem, Anxiety, and Behavior of Children with Deployed Parents.* You will be requested to complete the *Child Behavior Checklist (CBCL)* for your child and return this form within one week. The checklist asks you to rate your child on problem behaviors. A total of 113 items are included. Examples of these behaviors are: "Shy or timid", "Talks too much," and "Gets teased a lot".

Your child's teacher will also complete the teacher version of this checklist for your child. Examples of behaviors on the teacher checklist include: "Is afraid of making mistakes", "demands a lot of attention," and "talks out of turn".

Your child will be asked to answer two brief questionnaires called "The Self Esteem Inventory" (including items like "I'm pretty sure of myself" and "kids pick on me often") and "How I Feel Questionnaire" (including items like "I worry about making mistakes: and "I am shy"). Your child will participate in a six-session group for children of deployed parents. The school guidance counselor will be the only person conducting the group.

When the group is over, you will receive another copy of the checklist to complete for your child. The teacher will complete another checklist and your child will complete the two questionnaires again at school.

You may meet with your child's counselor at the end of the group to learn more about the results of your child's participation. No record of this meeting will be kept in your child's school record. If you have any questions about this project, please feel free to contact any of the following people:

Nancy Taylor Mitchum	Dr. Michelle Kelley	Dr. Derlega
Doctoral Candidate	Faculty Advisor	Human Subjects
VCPCP	Old Dominion University	Review Board
(757) 628-8337	(757) 683-4459	(757) 683-3118

APPENDIX C

PARENT LETTER: CONTROL GROUP

You and your child have been chosen to participate in a research project sponsored by Norfolk Public Schools and Old Dominion University. The title of the project is: *The Effects of Group Counseling on the Self-Esteem, Anxiety, and Behavior of Children with Deployed Parents.*

You will be requested to complete the *Child Behavior Checklist (CBCL)* for your child and return this form within one week. The checklist asks you to rate your child on problem behaviors. A total of 113 items are included. Examples of these behaviors are: "Shy or timid", "Talks too much," and "Gets teased a lot".

Your child's teacher will also complete the teacher version of this checklist for your child. Examples of behaviors on the teacher checklist include: "Is afraid of making mistakes", "demands a lot of attention," and "talks out of turn".

Your child will be asked to answer two brief questionnaires called "The Self Esteem Inventory" (including items like "I'm pretty sure of myself" and "kids pick on me often") and "How I Feel Questionnaire" (including items like "I worry about making mistakes: and "I am shy").

In approximately six weeks, you will receive another copy of the checklist to complete for your child. The teacher will complete another checklist and your child will complete the two questionnaires again at school.

You may meet with your child's counselor at the end of the research project to learn more about the results of your child's participation. No record of this meeting will be kept in your child's school record. If you have any questions about this project, please feel free to contact any of the following people:

Nancy Taylor Mitchum	Dr. Michelle Kelley	Dr. Derlega
Doctoral Candidate	Faculty Advisor	Human Subjects
VCPCP	Old Dominion University	Review Board
757) 628-8337	(757) 683-4459	(757) 683-3118

APPENDIX D

PARENT DEMOGRAPHIC QUESTIONNAIRE

1. How long has your child's mother or father been in the Navy?
   ____years ___months

2. How long has he (or she) been assigned to the present command?
   _____years _____months

3. Does the child live with the military family member?_____

4. What is your age? _____

5. What is your race/ethnicity?
   a. African-American
   b. Mexican/Hispanic American
   c. White, non-Hispanic
   d. Pacific Islander
   e. American Indian
   f. Other (please specify)_____

6. What is the military parent's race/ethnicity?
   a. African-American
   b. Mexican/Hispanic American
   c. White, non-Hispanic
   d. Pacific Islander
   e. American Indian
   f. Other _____

7. What is the highest level of education that you have achieved?
   a. some high school, no degree
   b. home schooling certificate
   c. GED
   d. High school degree
   e. Vo-tech associate degree
   f. Some college
   g. College degree (B.A., B.S.)
   h. Some Master's courses
   i. Master's degree

8. What is the highest level of education of your child's military parent?
   a. some high school, no degree
   b. home schooling certificate
   c. GED
   d. High school degree
   e. Vo-tech associate degree
   f. Some college
   g. College degree (B.A., B.S.)
   h. Some Master's courses
   i. Master's degree

9. What is your relationship to The military parent
   a. married
   b. divorced

c. never married
d. living together
e. widowed
f. separated

10. If married/living together, how long have you been together? _____

11. What is the rating of your child's deployed parent?

_____

(please be specific: enlisted, officer?)

12. Please circle the paygrade of the deployed parent?

a. E1	j. O1
b. E2	k. O2
c. E3	l. O3
d. E4	m. O4
e. E5	n. O5
f. E6	
g. E7	
h. E8	
i. E9	

13. Please list the sex and age of your children. Please put a * by any children who do not usually live with you. Please put a S by all step-children.

Child's Sex	Child's Birth Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

14. When did your child's mother or father leave for the current deployment? _____

15. When is he or she scheduled to return? _____

16. How many long-term deployments (3 months or more) has he or she experienced previously? _____

17. How long has the military parent been away from your child (in the study) since he/she was born because of work separations/deployments _____months _____weeks

18. Has the child in this study been in counseling outside of school during the past three months? YES_____ NO_____

19. Has the child in this study been in counseling outside of

school prior to November 1997? YES_____ NO_____

20. Have you been in counseling during the past three months?
YES_____ NO_____

21. Have you been in counseling at any time prior to the past three months? YES_____ NO_____

APPENDIX E

PARENT CONSENT FORM: TREATMENT GROUP

Purpose: The purpose of this research is to study the effects of participation in six sessions of small group counseling on the self-esteem, anxiety, and behavior of children who have a parent on deployment with the Navy at the time of this study. The non-deployed parent (the parent at home with the child) will complete the Child Behavior Checklist. Your child's teacher will complete the teacher's version of the Child Behavior Checklist. Your Child will be given "the Self Esteem Inventory" and the "How I Feel Questionnaire" by the school counselor. All checklists will be administered again in six weeks.

How data will be handled: Your child's guidance counselor will be the only person to see your name and your child's name on the checklists you both fill out. The counselor will code the information and assign a number to you and your child's form before releasing any data to the researcher. The teacher checklist will also be returned to the guidance counselor and names will be removed and coded by number before being released to the researcher.

Possible Risks: As with all research, there may be unforeseen risks associated with your participation. In addition, bear in mind that the school counselor will see your responses and hear your child's comments and may react or intervene as a result.

Benefits of Participation: Your child will have the opportunity to participate in a group experience that has improved the self-esteem of other children of deployed parents. At the conclusion of the group, you will have the opportunity to meet with the school counselor to learn how your child benefited from the group. No record of this meeting will be kept in your child's school record. Also, you will be notified if there are any concerns regarding your child as a result of information obtained from the questionnaires or group participation. You will also be informed of the results of the study by the researcher at the conclusion of the study.

Please be aware that you may choose to withdraw yourself and your child from this study at any time and there will be no consequences for this action.

_____ _____

Parent Signature & Date ***Child's name***

APPENDIX F

PARENT CONSENT FORM: CONTROL GROUP

Purpose: The purpose of this research is to study the effects of participation in six sessions of small group counseling on the self-esteem, anxiety, and behavior of children who have a parent on deployment with the Navy at the time of this study. The non-deployed parent (the parent at home with the child) will complete the Child Behavior Checklist. Your child's teacher will complete the teacher's version of the Child Behavior Checklist. Your Child will be given "the Self Esteem Inventory" and the "How I Feel Questionnaire" by the school counselor. All checklists will be administered again in six weeks. Your child will not participate in the group counseling experience for children of deployed parents during this study.

How data will be handled: Your child's guidance counselor will be the only person to see your name and your child's name on the checklists you both fill out. The counselor will code the information and assign a number to you and your child's form before releasing any data to the researcher. The teacher checklist will also be returned to the guidance counselor and names will be removed and coded by number before being released to the researcher.

Possible Risks: As with all research, there may be unforeseen risks associated with your participation. In addition, bear in mind that the school counselor will see your responses and hear your child's comments and may react or intervene as a result.

Benefits of Participation: At the conclusion of the study, you will have the opportunity to meet with the school counselor to learn about your child's assessment. No record of this meeting will be kept in your child's school record. Also, you will be notified if there are any concerns regarding your child as a result of information obtained from the questionnaires. You will also be informed of the results of the study by the researcher at the conclusion of the study.

Please be aware that you may choose to withdraw yourself and your child from this study at any time and there will be no consequences for this action.

_____ _____

Parent signature & date ***Child's name***

APPENDIX G

CHILD INFORMATION LETTER: TREATMENT GROUP

Please read the following letter together with your child. If you give your permission for your child to participate in this project, please sign this form together with your child and return to school tomorrow. Please refer to the Parent Information Letter and the Parent Consent form for further information regarding this project. This consent form will allow your child to participate in the group with the school guidance counselor and allow your child to be assessed as explained in the attached Parent Information Letter.

You are invited to be in a special project for boys and girls who have a parent away on deployment. You will participate at school in a counseling group with the school counselor one day a week. Your counselor will help you talk to other children about feelings you have about your parent being away.

Before the first group you will be asked to answer some questions on paper about your feelings. Your parent and your teacher will also answer some questions about your behavior. You will all answer these questions again after the counseling group is over.

Your school counselor is the only person that will see your answers. As with other activities and talks with the counselor, she may need to tell someone else what you say if she feels you may be in some danger.

If you do not want to join the group, that is okay. If you decide to join the group, you can quit any time.

_____ _____

Child's Signature **Parent's Signature**

APPENDIX H

CHILD INFORMATION LETTER: CONTROL GROUP

Please read the following letter together with your child. If you give your permission for your child to participate in this project, please sign this form together with your child and return to school tomorrow. Please refer to the Parent Information Letter and the Parent Consent form for further information regarding this project. This consent form will allow your child to participate to be assessed as explained in the attached Parent Information Letter.

You are invited to be in a special project for boys and girls who have a parent away on deployment. Your school counselor will ask you to answer some questions on paper about your feelings. Your parent and your teacher will also answer some questions about your behavior. You will all answer these questions again about six weeks later.

Your school counselor is the only person that will see your answers. As with other activities and talks with the counselor, she may need to tell someone else what you say if she feels you may be in some danger.

If you do not want to participate in this project, that is okay. If you decide to participate in the project, you can quit any time.

_____ _____

Child's Signature **Parent's Signature**

APPENDIX I

TEACHER CONSENT FORM

Dear Teacher:

Your participation is requested in the dissertation research: The Effects of Group Counseling on the Self Esteem, Anxiety, and Behavior of Children with Deployed Parents. This research has been approved by Norfolk Public Schools and Old Dominion University.

You are asked to complete the Child Behavior Checklist for each child in your class that is chosen to participate in this study: Once now and once approximately six weeks later. Please return this form and the checklists to the school counselor. Your name and each child's name will be removed from the form and coded by number before the data is given to the researcher.

As with all research, there are some risks involved. Since your identity can be linked to the child, a possibility of some retaliation as a result of information provided may exist. Although every effort is being made to protect your identity, please be aware this possibility does exist. Also, you may choose not to continue your participation in this study at any time. There would be no consequences for this decision.

If you have any questions regarding this project, please feel free to contact any of the following people:

Dr. Nancy Mitchum Doctoral Candidate Virginia Consortium Program in Clinical Psychology (757) 628-8337	Dr. Michelle Kelley Faculty Advisor Old Dominion University (757) 683-4459	Dr. Derlega Chairperson Human Subjects Review Board (757)683-3118

_____ _____

Teacher Signature *Date*

VITA

Nancy Taylor Mitchum was born in Roanoke, Virginia on July 1, 1952. She attended Virginia Commonwealth University from 1970 to 1974, receiving her Bachelor of Science in Early Childhood Education in 1973 and her Mater of Education in Counselor Education in 1974. She attended the University of Florida from 1975 to 1978 and received her Doctorate of Philosophy in Counselor Education in 1978.

Dr. Mitchum began her professional career teaching Head Start in Richmond, Virginia in 1973. She was an elementary school counselor in Gainesville, Florida from 1976 until 1978. She has taught Counselor Education as an Assistant Professor at Tennessee Technological Institute (1978-1981), University of Houston-Victoria Texas (1981-1983), South Dakota State University (1983-1987), and Old Dominion University (1987-1993). She is currently licensed in Virginia as a Professional Counselor and has maintained a private practice since 1988.

In 1995, Dr. Mitchum entered the Virginia Consortium Program in Clinical Psychology. She has been a graduate teaching assistant at Norfolk State University. She completed her advanced clinical practica in family therapy at the College of William and Mary and will begin her APA approved internship at Eastern Virginia Medical School in July, 1998.

IMAGE EVALUATION TEST TARGET (QA-3)

150mm

6"