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Left Waiting, Not Forgotten:

Current Research Available to School Counselors for Support of Military

Adolescents

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**Left Waiting, Not Forgotten:
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Adolescents**

by

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Report

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Current Research Available to School Counselors for Support of Military
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ABSTRACT

The purpose of this report is to increase counselor's competence about military culture and the effects on adolescents in military families. This paper will address the developmental needs of the adolescent as it relates to their experience of familial deployment and how school counselors can develop programs to best support these students. Specifically it will a) identify unique military stressors and the subsequent impact of developmental milestones, b) identify available treatment models, c) identify out-of-school support systems, and d) identify ways to support the military adolescent population in the future.

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Introduction

Military life has come into the spotlight in recent years due to the United States' involvement in overseas combat. In the current war on terrorism, casualties number 42,822 with 5,415 of those being fatal (Defense Manpower Data Center, 2010). These fatal casualties have left 1,200 children without a parent (Hardy, 2006). The tragic picture painted by these statistics is only amplified by the number of family members that have been affected by these casualties. There are currently 1.9 million children who have a family member serving in the military, identified in this paper as military children or adolescents (American Forces Press Service, 2009). Authors in this field have suggested that these students are at an increased risk of mental health problems due to their parent's absence and potential harm. As their family members are serving our country, school personnel should be aware of the difficulties their children may face.

School counselors are in a unique and ideal position to intervene with these students. Many schools have begun to initiate programs to support military students and their specific needs, although these programs need to be more widely disseminated. Correctly identifying the needs of a student in a military family within a school setting is a critical initial step. A student's feelings will commonly manifest in depression, acting out, increased irritability, increased compulsiveness, or decline in academic performance (Huebner & Mancini, 2005). In many cases school personnel will respond to these behaviors by assigning detention or suggesting special education (Harrison & Vannest, 2008). Differentiation of military student's need is important to their development and appropriate support in order to prevent further incidence. This is especially important for

students who are not enrolled at a Department of Defense school because it is less likely that school personnel are aware of their care giver's military status. Although these detentions or special education recommendations may be appropriate for some students, it is important to realize when a student's needs are more appropriately met through counseling in an attempt to identify and address their military-related needs.

Students with military families have specific needs beyond the average student. These specialized needs should inform the creation of the treatment program. Common, unique needs among students in military families include help with relocation, separation from a caregiver due to deployment, media influences, the effect of wartime trauma of the caregiver's reunion with family, and ambiguous loss or presence (Drummet, Coleman, & Cable, 2003; Wright, Schaffer, Coolbaugh, Bowen & Wiley, 1998; American Forces Press Service, 2009; Shipp & Clemens, 2006).

While these challenges are common among military students of all ages, they are particularly threatening to the well-being of high school adolescents. Of the 1.9 million military students, 670,000 are adolescents (American Forces Press Service, 2009; Hutchinson, 2006). The normal adolescent developmental processes compound these concerns and therefore will necessitate an additional focus on adolescent development to best serve the student population. Typical developmental milestones for adolescents include, but are not limited to, development of self-identity, autonomy, moral values, interpersonal skills, adjustment to changing conditions, coping with outcomes of decisions, and identifying systems of support (Thompson, 2002). Other concerns that should be noted are the adolescent's need to feel understood by others and the need for

their feelings to be normalized (Rush & Akos, 2007). Although developmental milestones are common among all adolescents, the specific stressors in the military adolescent's life compound the difficulties in counseling this adolescent population.

As opposed to developmental milestones, relocation is a common and unique stressor to military life. Although our society is fairly transitory, one-third of the military population moves annually, double the average number of relocations for civilian families (Drummet et al., 2003). Relocation is a traumatic event that can have a negative impact on a student's academics and behavior (Hausman & Reed, 1991; Rumberger, 2003; Simpson & Fowler, 1994). Protective factors can be addressed and encouraged by school counselors.

Deployment is an exceptionally unique stressor for military adolescents. Many students have family members that travel for business; however, deployments are more than week-long business trips. Deployment will be operationally defined as the separation of a caregiver from their family, regardless of length of time, amount of potential danger, or deployment location. In this case, deployments may include short-term, low-danger training trips within the United States as well as long-term, high-danger missions to war-torn countries. Although each type of deployment will have a different impact on the adolescent, both will separate the caregiver from their family and necessitate student support. The five basic delineations of the deployment cycle are pre-deployment, deployment, sustainment, redeployment, and post-deployment. Pre-deployment is generally defined as the period between the initial deployment orders and the day the serviceman/woman leaves the house. Deployment begins when the serviceman/woman

leaves the house and ends when they return. Sustainment occurs during the Deployment and is characterized by the family readjusting to life without the caregiver. Redeployment begins when the serviceman/woman receives their orders to return home. Post-deployment is identified as the moment when the family is reunited through the reorganization process. Depending on the specific stage a student is experiencing, the student's treatment needs might differ. Specific deployment concerns include the necessary restructuring of family life and fear of losing a caregiver during combat deployments.

Other considerations for adolescents in military families include the media and mental and physical condition of their caregiver upon return from their deployment. The media plays an important role in the adolescent's experience of the war, providing continuing commentary and information. Because adolescents are still in the process of moral development, the media can be especially influential (Shipp & Clemens, 2006). Soldiers face many mental and physical challenges while they are deployed, especially in a hostile environment (Office of the Surgeon Multinational Force-Iraq, 2006). Although this paper will not focus on the serviceman/woman's mental and physical health, counselors should understand how it might impact an adolescent and the family as a whole upon their return.

Supportive models may vary depending on the population; however, some common traits have been observed in successful treatments. Models can differ based on the make-up of the counseling session, the underlying developmental theory, or a specific stage theory. There is supporting research for both group and individual therapy sessions.

There are also general suggestions that can be incorporated into any model or used on their own. In any treatment method there are important structural components such as identifying supportive resources within the family, school, military, and other public organizations.

The purpose of this report is to increase counselor's competence about military culture and the effects on adolescents in military families. This paper will address the developmental needs of the adolescent as it relates to their experience of familial deployment and how school counselors can develop programs to best support these students. Specifically it will a) identify unique military stressors and the subsequent impact of developmental milestones, b) identify available treatment models, c) identify out-of-school support systems, and d) identify ways to support the military adolescent population in the future.

Chapter 1: Impact of Military-Specific Needs on Developmental Milestones

Relocation

The military is considered the most mobile population within the United States (Walling, 1990). Approximately 223,000 military adolescents aged 12-18 are relocated each year (Wright et al., 1998). Frequent moves have been associated with instability of support and therefore can lead to behavioral or developmental problems. Although the military has been working with servicemen/women and spouses, the support for their children was slow in coming and has not been adequately disseminated. In an effort to reduce the negative impacts of these frequent moves, the Office of Family Policy has created a website, *Military Teens on the Move* (Wright et al., 1998) to help adolescents adjust to the relocation process. The creators of the *MTOM* identified several developmental issues that are specifically faced by military adolescents. In order to identify appropriate services, a counselor must address typical developmental milestones and how they are affected by military relocation.

During adolescence, a focus on individuation from parents is common (Wright et al., 1998; Erikson, 1968). That is, youth are seeking autonomy and an identity separate from their families. This autonomy is not generally meant as a full separation; however, adolescents must balance their need for autonomy with their desire to stay somewhat a part of and related to the family (Reis & Buhl, 2008). This balance is difficult enough within a civilian population, but can be intensified when the adolescent is part of a mobile military family. Individuals tend to focus more on extra-familial relationships during adolescence (Burnham & Hooper, 2008; Pinder, 1989). Pulling an adolescent away from

these social relationships may put a strain on their self-esteem and ability to reconstruct these friendships quickly in a new environment (Pinder, 1989). The added reliance on their parents' support during the move contradicts their developmental task of individuation. At times, highly mobile students might even stop attempting to create friendships because they anticipate future moves (Walling, 1990), furthering their reliance on family members.

Adolescence is also a time period when school becomes increasingly important (Wright et al, 1998). Grades earned in high school and extracurricular activities are extremely important to the adolescent's next stage in life, whether that be a vocation, college, or following after their parents into the military. Relocation adds an extra dimension of anxiety during this time because the student is forced to reacquaint him or herself with a new school environment, including both educational and social scenes (Walling, 1990). School personnel should welcome the student and promptly introduce the school's structure and expectations in order to ease the transition (Walling, 1990). Researchers have shown that reading proficiency declines with the increasing number of relocations (Rumberger, 2003), significantly impacting the educational development of mobile students. Research has also indicated that individuals who relocate more often tend to repeat grade levels more often (Simpson & Fowler, 1994). This could be a factor of differing expectations between schools, lack of consistency in teaching styles, or a lack of adequate transitions that lead the student to become apathetic or overwhelmed with the demands of their mobile lifestyle.

In addition to academic concerns, changes in behavior have also been observed in students who relocate (Simpson & Fowler, 1994). These changes can be an indicator that these additional strains can have significant psychological implications. Adolescents who are frequently relocated can feel a sense of isolation due to the lack of permanent and deep friendships and school involvement (Simpson & Fowler, 1994). Additionally, adolescents can become angry with the relocation requirements. Lack of support, isolation and anger can lead to increasingly negative attitudes as well as problematic behavior (Simpson & Fowler, 1994). Specifically, with an increasing number of moves, suspensions/expulsions, emotional problems, need for psychological help, and behavioral problems increase (Simpson & Fowler, 1994). If school administrators prematurely pursue disciplinary actions, recommendation to special education, or repetition of a grade because of these academic and behavioral concerns, they may overlook the real stressor and fail to provide appropriate support for the relocated adolescent (D'Andrea & Daniels, 1992).

The researchers for *MTOM* found that not all adolescents were affected as negatively as these results may caution (Wright et al., 1998). Four factors that serve as protective factors for relocated adolescents have been identified, all of which can be encouraged and/or provided by a school counselor. First, a strong, positive relationship with family members can be encouraged by the school counselor (Pittman & Bowen, 1994, Walling, 1990). This can be done by exploring the student's relationship through self-disclosure or by encouraging parents to attend a session or two during the course of the counseling. The second protective factor is the parent's attitude about the move

(Walling, 1990). If the parent has a positive attitude about the mood, the student is less likely to feel anxious, supporting the inclusion of parents in the therapy process. The third protective factor is access to information regarding the process of relocation and their new city in order to create accurate expectations (Fisher & Shaw, 1994). This can be achieved by encouraging and aiding the student in identifying websites such as *MTOM*, websites about the new city, or providing a pamphlet or guidebook about their new location and school. The fourth identified protective factor is development of positive coping skills, confidence and positive attitudes (Walling, 1990; Hausman & Reed, 1991). The counselor or others in a group session should validate the student's feelings and remind them that they are not the only one who has gone through this process. This could provide an opportunity for peer counseling, the buddy system, or group counseling. All of these attributes can be encouraged and developed within the counseling session.

With the knowledge that relocation is a stressful event for adolescents, the military has made some accommodations for military families with high school seniors. As of 2000, army servicemen and women with high school seniors can file for the High School Stabilization program (MILPER Message, n.d.). This protects the family from Permanent Change of Station (PCS) moves during the adolescent's senior year of high school.

Separation from Family Member

The deployment of a caregiver is possibly the most unique attribute of military life. For a civilian adolescent, a parent may leave for a business conference or take a short trip to solidify a deal overseas, but these are rarely long-term separations and they are

almost never life-threatening (D'Andrea & Daniels, 1992). For an adolescent in a military family, the separations can mean over a year with limited contact and constant fear of trauma. Out of the 1.9 million children who are part of a military family, 2/3 have had a parent deploy or currently have a parent deployed (American Forces Press Service, 2009).

The word deployment can mean very different things depending on the actual orders given to the soldier. Deployment itself is simply a mission order at a base that is not the individual's permanent residence (Defense Finance and Accounting Service: Deployment, n.d). An individual can be deployed within or out of the United States, for short or long-term, in hostile or non-hostile theatres (Defense Finance and Accounting Service: Deployment, n.d).

No matter which type of deployment in which the caregiver is engaged, the traumatic effects on the adolescent's developmental process can be acute. The issues brought up during deployment often interfere with the adolescents typical developmental stages. For example, common issues during separation include role identification negotiation, feelings of loss because the parent is not present, and issues with gaining autonomy (Costello & Phelps, 1999).

Although adolescence is normally a time for role identification (Costello & Phelps, 1999), there is an additional stressor when a working member of the household leaves. In their place, they leave children uncared for and chores undone. These extra tasks may force the adolescent to find themselves in a caregiver role or maintenance role that they were not planning to accept (Costello & Phelps, 1999).

The feelings of loss can create a hostile relationship between the adolescent and the remaining caregiver (Costello & Phelps, 1999). This misdirected hostility necessarily creates problems within the family structure, which in turn can further affect the adolescent's search for autonomy. Autonomy is a normal developmental task for any adolescent, however a military adolescent's bid for autonomy is often affected by their parent's absence. Some may find themselves at home more often because of their new role within the family. This necessarily inhibits their ability to increase their reliance on their peer groups because of the simultaneous increase in their reliance on and responsibilities within their family.

Adolescents experience the separation due to deployment in many ways, so school personnel should be aware of the caregiver's tour schedule in order to provide appropriate support for the student. Researchers have identified several signs of an adolescent who is traumatized by the separation from their parent or subsequent developmental changes. These signs include but are not limited to emotional numbing, depression, decrease in school performance or attendance, sleep disturbances, antisocial behavior, confusion, misbehavior, substance abuse, or physical complaints (Drummet et al, 2003; Shipp & Clemens, 2006; Burnham & Hooper, 2008). Again, school personnel should not immediately identify these as problem behaviors and automatically refer to discipline or recommendations for special accommodations. As with any student, the best practice is to determine the cause of the problem and appropriately support the student so that the behavior doesn't continue.

Media Influence

During their caregiver's deployment, adolescents are confronted with wartime images at home. This was especially prevalent in the months after September 11, 2001; however, images and broadcaster's beliefs about the war are still being broadcast. An adolescent's view of the world and what is 'right' is still very much shaped by the opinions of others (Shipp & Clemens, 2006). This "other" most notably includes peers and the media. In our society, the media is commonly seen as the expert who provides commentary and visual documentation of events outside of our personal world. Because of this expert status, adolescents are especially vulnerable to the influences of the opinions expressed in the media. This could have detrimental effects if the news has chosen to relay traumatic visual footage of the war or in some cases an individual's negative opinions of the war and the soldiers who are fighting (National Institute of Mental Health, 2001).

Prolonged exposure to this second-hand violence or negative footage can cause long-trauma for an individual (Costello & Phelps, 1999; National Institute of Mental Health, 2001). The perception of negativity towards the war or individuals in the war can be especially traumatic for someone who has a family member fighting. This perceived negativity can be as detrimental as actual stressors in the adolescent's life (Costello & Phelps, 1999) due to the salience of their experience of a family member's involvement. The difference in public opinion displayed in the media is acknowledged by adolescents and if they are not able to reconcile these differences in the context of their own opinions, there may be developmental setbacks (D'Andrea & Daniels, 1992). The changing

opinions, longevity, extensive media coverage, and general confusion around the War on Terror will impact adolescents in ways we might not understand until years later. We can look to past wars and draw on similarities; however, it is important to remember that this war is truly unique and will carry a unique set of consequences for the military adolescent population.

Although peer groups can be source of a developmental strain during the relocation and deployment process, in the case of war-related fear they can be a protective factor. As a function of autonomy, adolescents tend to be more influenced by out-of-home sources (Burnham & Hooper, 2008). If an adolescent is able to create a positive peer group, that group may serve to protect the adolescent in the face of conflicting media opinions (Burnham & Hooper, 2008).

Bringing the War Home

The return of a caregiver is always a joyful experience, especially when the deployment was especially long or fearful. However, this overwhelming joy, or honeymoon period, does not last forever (Drummet et al., 2003). Not only are the experiences that the caregiver had during their deployment brought to the home front, but the caregiver also finds himself or herself in a family that has maintained their daily lives in their absence (Drummet et al., 2003).

While deployed, the caregiver may have experienced hostile environments where their well-being, whether psychological or physical, was in danger. One third of the soldiers interviewed in one study reported that they remained in a threatening situation but were unable to return fire to defend themselves due to the United States' accepted

Rules of Engagement (Office of the Surgeon Multinational Force-Iraq, 2006). Over 70% of these same respondents indicated that they personally knew someone who was physically injured while serving their deployment (See Table 4, Office of the Surgeon Multinational Force-Iraq, 2006). Around 15% responded that they were personally responsible for the death of another human being. Between these and other battle stressors there is no surprise that many return home with psychological and physical war wounds. Common psychological wounds include Post Traumatic Stress Disorder, Depression, and Anxiety (Drummet et al., 2003; See Table 5, Office of the Surgeon Multinational Force-Iraq, 2006). Common physical wounds may include Traumatic Brain Injury, loss of limb, or loss of function in limb. These physical and emotional traumas may manifest in marital concerns, hypersensitivity, flashbacks, depression, substance abuse, continued anger, aggression, and violence (US Army Center for Health Promotion and Preventive Medicine, 2007; Office of the Surgeon Multinational Force-Iraq, 2006).

Because the family has settled into a new routine, there is often a sense that there is no longer a place for the returning caregiver within the family (US Army Center for Health Promotion and Preventive Medicine, 2007). Upon return, there is a need to renegotiate rules and roles (Drummet et al., 2003). There could be a sense of unfamiliarity within the new system, which must be addressed before restabilization of the family can occur. Rejection of the returning parent by the adolescent and children might be another change in family status that makes adjusting back to the soldier's return difficult for everyone in the family (Drummet et al., 2003). Although these issues are not specific to the adolescent, they are important to identify and address because they directly

relate to the family structure in which the adolescent lives. These will be issues that the individual will need to cope with when their caregiver returns.

Ambiguous Loss and Presence

Ambiguous loss and presence are constructs that are pervasive throughout the military experience. Ambiguous loss is the physical absence and psychological presence of an individual, whereas ambiguous presence is the physical presence and psychological absence of an individual. Specifically, there is a loss without resolution (Boss, 2004). In the case of military families, ambiguous loss is seen during the deployment stages when the family member is serving overseas. This loss can result in role confusion, stress on resources, and trauma. Although these issues are synonymous to issues presented as a result of other military-specific stressors, counselors should still be aware of the concept of ambiguous loss and how it impacts these issues. For some adolescents, the ability to identify this construct as part of their experience with the help of a counselor may, in itself, be empowering. Although ambiguous loss and presence is common among all deployment types, it would stand to reason that there would be increased concern when the family member is serving in a hostile area. School personnel, therefore, should be aware of the family's specific situation.

In an attempt to gain information about their deployed family members, some individuals look to the media (Faber, Willerton, Clymer, MacDermid, & Weiss, 2008). Media outlets can provide information, but as previously discussed, they can also enhance the feelings of ambiguous loss because the additional information added strain and concern (Faber et al., 2008).

Ambiguous presence, also identified as psychologically missing (Boss, 2004), is frequently seen upon the servicewoman or serviceman's return (Faber et al. 2008). As previously discussed, many soldiers return with problems that impact them psychologically. Whether it is just a readjustment period or long-term psychological needs, the soldier may have physically returned home but may not be emotionally available to their awaiting family. The issues concerning reunion as described earlier are only exacerbated by ambiguous presence.

Chapter 2: Available Treatment Models

We have learned from previous wars that there is a need for change in social structures in order to cope with the demands of the armed forces (Shipp & Clemens, 2006). This change includes the need for services offered to those who have a personal connection to those who serve. Since personal counseling is not a reality for many students due to either time or financial constraints or fear of stigma, support must be offered within the school setting.

Counseling support within the school is not limited to one modality or focus. As in any setting school counselor should put the adolescent first (Hardy, 2006). The military status of an adolescent's family does not mean that every presenting problem has a root in military culture. Likewise, not every military adolescent will need support from the counselor. Another general suggestion is to always focus on personal growth rather than any pathology (Black, 2001). Depending on the needs of the students, counselors can choose between individual and group sessions. Within each type, a counselor can also choose between the theory supporting each model, for example the developmental theory, deployment cycle, or grief stages. There are also many general suggestions that can be incorporated into any model or used on their own.

Although these modalities may seem highly differentiated, they all exhibit common effective traits either explicitly or implicitly (Thompson, 2002). Each model takes into consideration the whole student, meaning family, school, peer, community, and media contexts. Developmental and sociocultural risk factors are also addressed within each model. Intervention models should also be based on theory that has been shown to

be effective in changing behavior or attitudes. Counselors should be able to pull relevant and appropriate concepts from all models and address each military-related stressor, as described previously, in order to best serve their students. These models serve as examples of comprehensive counseling guides, but are by no means the only options available. Counselors should identify models that are most appropriate for their school population.

Individual and Group Counseling

Individual counseling offers the most privacy and confidentiality (Department of Defense Education Activity, 2006). This is not to say that confidentiality does not exist in group sessions, however, there is more chance for breaches in confidentiality with an increasing number of people in the session. In a one-on-one model, the counselor is able to focus on one student, providing a more tailored counseling session. For some students, this may make them more comfortable in sharing their feelings, exploring their ideas, and talking about their behaviors (Department of Defense Education Activity, 2006).

An alternative to individual therapy is counselor-moderated group therapy. Group therapy has grown in popularity due to the fact that students can come together and discuss topics that they have all experienced (Rush & Akos, 2007). This is also beneficial for the school counselor because the group setting provides guidance for more students at one time, increasing the number of students that a single counselor can support.

Additional strengths of group counseling are more specific to adolescent populations. Adolescent's views are likely different from that of older populations (Shipp & Clemens, 2006). Group therapy can offer a chance to dialogue with other individuals

who are experiencing the war in the same way, specifically, having a caregiver serving in the war. Within the group context, adolescents learn to listen to and tolerate other's experiences and opinions while respectfully expressing and struggling with their own opinions (Hayes, 1994 as quoted in Shipp & Clemens 2006). Also, positive peer interactions within a group setting is important for adolescents because they are in the process of gaining autonomy and therefore looking for more influences outside of the family (Burnham & Hooper, 2008).

Counseling based on Developmental Theory

Some therapy models are specifically based on theories of adolescent development. For example, identity development is crucial during the adolescent years according to Erickson's theory (Shipp & Clemens, 2006). School counselors can use this theory to encourage the adolescent to explore their identity, who they are, and how they got there by completing timelines, genograms, and interviews with family members. This identity exploration can be especially helpful in identifying their roles within the family and how they change during the deployment cycle.

Adolescents according to Purkey and Schmidt are in a state of shifting roles (Shipp & Clemens, 2006). Military adolescents are in the same stage, however to a greater extent. They are not only shifting and developing identity roles as an individual and student, but also moving from daughter or son to caregiver or financial contributor due to the absence of a family member in the service. School counselors should validate this experience by encouraging students to define these roles, learn to validate their own experiences, and be able to discuss their thought processes and feelings as these changes

occur (Shipp & Clemens, 2006). The students should be allowed to utilize the technique they feel is most beneficial; however one example could be bringing in songs that describe their feelings or roles.

Kohlberg's theory discusses an individual's moral development (Shipp & Clemens, 2006). For adolescents, this has been seen to manifest itself in a diversion from other age groups' beliefs, and therefore present a need to be heard and understood. Although both individual and group modalities may be appropriate for Erikson and Purkey and Schmidt- based approaches, discussing moral development is best suited for the group modality (Shipp & Clemens, 2006). Some examples of activities include bringing in popular music, newspaper articles, cartoons, literature, etc. Counselors can use these as tools to generate conversation and feelings about the war and the students' experiences. In the media-driven society we live in, discussion of media topics can be especially important so that students become educated consumers of the media.

Although these models may not be sufficient for every population, components can be incorporated as a small facet of any treatment model. Any model could contain a timeline component or discussion of past and current roles. Any model could also have a "current events" section at the beginning or end of the session in order to engage the students in this particular type of conversation.

Counseling based on Deployment Stage

A counseling model based on the deployment cycle might be more accessible to the adolescent population. Although developmental stages are not clearly delineated, they are addressed within this model. Since the deployment cycle is more concrete than an

abstract discussion of developmental constructs, this may be a more practical approach to counseling. Rush and Akos (2007) have created a 10-session, group counseling model that is tailored to the adolescent's experiences during the deployment cycle. This model specifically deals with identifying and enhancing coping skills, discussion of feelings and emotions, increasing independence, and definition of new roles. Although the students will not be experiencing these stages concurrently with the sessions, they are still able to learn from others who have been or are currently in each stage. Through journaling and discussion in and between each session, the student will be able to anticipate possible feelings and changes for future stages.

This model begins with two Introduction sessions that allow students to discuss expectations, outline rules of the group, and get to know each other (Rush & Akos, 2007). During the discussion of expectations, the counselor should point out the advantages of the group experience, a chance to build friendships, use each other as support and share ideas, for example. The group should also be aware that the counseling session is expected to be a place of mutual support, respect and confidentiality. Adolescents are given a chance to self-assess their coping skills and initial emotions. Additionally, the second session encourages the student to share about their deployed caregiver. The counselor should also encourage discussion about the sacrifices each individual and family makes as a result of military service. This should bring into awareness their shared experiences and normalize their feelings and reactions. As with each session within the model, these sessions end with a chance to journal about a session-specific idea or topic.

The next session begins the discussion about the formal deployment cycle. The predeployment stage is marked with official deployment orders and continues until the serviceman/woman deploys. The preparation for their departure is typically a busy time filled with anxiety and anticipation, which can be alleviated through cognitive self-talk (Rush & Akos, 2007). Students identify negative thoughts they told themselves and compile a list of positive thoughts to replace them. As a group, they discuss both lists and discuss the negative and positive attributes of each statement.

The deployment stage begins when the caregiver leaves and continues through the first month of deployment (Rush & Akos, 2007). During this stage, adolescents are encouraged to discuss their thoughts and feelings about the deployment as well as identify and share the coping strategies they are using. Each student should be able to talk about their coping strategies and see how other's strategies could be incorporated into their life and why they would be appropriate or not appropriate for themselves. Students also share special memories of their caregiver with the group. Students are then encouraged to write those memories in a letter to their family member.

After the first month of deployment, the student experiences the sustainment stage which will last until one month before their caregiver's return (Rush & Akos, 2007). This stage is characterized by a balance between old and new routines within the school system as well as at home. Although maintenance of old routines is preferable, the students should be able to talk about realistic strategies in creating new routines and how to cope with these changes. In this stage, the student should be encouraged to learn how to balance their personal preferences with their new responsibilities.

The Redeployment stage begins one month before the return of the caregiver. This stage is typically characterized by excitement and planning (Rush & Akos, 2007). Students are encouraged to discuss changes in their life since their family member's deployment and possible reactions of the caregiver to these changes when they return. The students should hypothesize and talk about new changes as well as changes that might be reversed when the caregiver returns. The counselor should give the students the opportunity to role-play reactions of the returning parent and student as well as what the student will say to people outside of their family.

The Postdeployment stage begins when the caregiver is reunited with their family and ends when equilibrium is reestablished within the family (Rush & Akos, 2007). The counselor should remind the students that adjustments will continue and that reintegration into family life may be difficult for the caregiver and the family as a whole. Students should also be aware that this process is not always quick and may last weeks or months. The students are encouraged to discuss their current thoughts and feelings about their caregiver's return, identify changes throughout the entire deployment cycle, identify potential conflicts, and effective coping strategies.

The remaining sessions are used to integrate family, school, and community resources into the counseling sessions (Rush & Akos, 2007). This may include inviting parents, administrators, or military personnel to a session. Additionally, the counselor may include a session on finding and utilizing military-provided support or online support through community agencies. Students should be aware that their support and learning does not end with the termination of the group process. Between individual

counseling support, family support, and community support, the student should not feel like the termination of the group means termination of all support.

The last session is a reflection time for the students and counselor (Rush & Akos, 2007). Students discuss how they feel about terminating the group, what they have learned, and how they will continue to apply the coping skills, especially in the case of another deployment.

Counseling based on Grief Stages

Researchers have also suggested that counseling based on grief stages can be used in the support of adolescents experiencing deployment. By comparing this model with the deployment stage model presented by Rush and Akos (2007), research supports multiple ways to approach the same counseling goal. This is useful because every population will have different needs and will react differently to alternate treatment modalities. In this model, the treatment is based on the grief phases of numbness, yearning, disorientation and depression, and reorganization (D'Andrea & Daniels, 1992). Although this model was created for use with elementary-aged students, the same stages and red flags can be appropriate for adolescents.

During the Numbness Phase, the student may seem unfocused or numb during their daily activities, including participation in class (D'Andrea & Daniels, 1992). Teachers and counselors should be aware of this phase, although the student should not be pushed to move through this phase before they are ready. The psychological numbness should be allowed to proceed as long as it serves as a productive coping mechanism in

protecting the adolescent from having to deal with their fears or painful feelings too early.

When the adolescent is prepared to address their feelings, the numbness subsides and they become aware of their sadness, loneliness, and frustration as they move into the Yearning Stage (D'Andrea & Daniels, 1992). School personnel should be aware that as the adolescent begins addressing and accepting these feelings, disruptive behavior could arise. Specifically, these behaviors can include misdirected anger, restlessness, agitation, physical symptoms, or panicked feelings. As mentioned with other indications of behavioral problems, school personnel should identify the stressor before applying a discipline plan or new academic course.

The yearning stage gives way to the Disorientation and Depression Stage when the adolescent realizes that a reunion with their caregiver is not possible at this point (D'Andrea & Daniels, 1992). Another realization for military adolescents is the hostility of the environment and potential injury or loss of their caregiver. Depression and apathy are typical reactions to this realization, which can interrupt all aspects of life including classroom participation or completion of assignments. Again, punishment during this stage is cautioned due to the apathy and possible response like "Whatever, like I care!" In an adult's frustration, there may be an attempt to fix the adolescent as quickly as possible. Adults should remember that grieving takes time, therefore the student should be given time, space, and opportunity in a supportive environment to express their feelings about their experiences.

On a positive note, most adolescents do show resiliency and eventually move through to the Reorganization stage (D'Andrea & Daniels, 1992). This phase is often characterized by achieving their growth potential which could include an increase in self-confidence, sense of inner strength, and increased value of interpersonal relationships, signifying developmental gains rather than setbacks.

General Suggestions

Many researchers offer general suggestions as opposed to a fully developed treatment model. These suggestions can be incorporated into other models or used on their own, as appropriate for the specific adolescent or group of adolescents. Development of positive coping skills is a common suggestion among researchers that can enable an adolescent to cope with the stressors of military life (Burnham & Hooper, 2008). Discussion of feelings within the therapeutic relationship or counseling group is also important (Black, 1993). Maintenance of routine, although difficult in military families, should be strived for as much as possible (Black, 1993), giving the student a sense of continuity and structure. In military culture there is often a sense that no one else understands what the adolescent is going through, therefore validation of thoughts and feelings is central to any counseling approach (Harrison & Vannest, 2008). Additional suggestions include anger management and relaxation training, the buddy system, peer tutoring, role-playing, and providing teacher and parent support (Harrison & Vannest, 2008). These are merely a sample of suggestions offered by various researchers. Each counselor should identify the specific needs of their adolescent population and choose methods that complement and address those needs.

Chapter 3: Student Support

The school counselor's role is just one component within a broader network of support (Department of Defense Education Activity, 2006). School counselors should work with other service providers in order to create a full-support network based on each student's needs (Department of Defense Education Activity, 2006). This support network is important for all types of school counseling, but can be especially important for working with military adolescents. The counselor must often work with parents and military personnel in order to provide the most comprehensive service (Department of Defense Education Activity, 2006). A positive relationship with community organizations and access to informal, online support networks may also benefit the student.

Treatment may not always mean therapeutic sessions. Other treatment options may include more informational support, especially during a student's relocation. Information about the new school may be the most helpful support for the transferring student (Wright et al., 1998).

School counselors should also be aware of out-of-school support systems for the adolescent. These systems may include Family Readiness Groups (FRGs) offered by the Department of Defense, as an attempt to keep the family connected with their deployed caregiver. Online sources that are also available for adolescents include, but not limited to, Operation: Military Kids, militarystudent.org, Military Teens on the Move, and the National Military Family Association.

Chapter 4: Limitations and Future Research

One significant limitation of this research is the lack of available data due to the ongoing nature of the war. At times we may be able to look to previous wars for guidance; however the unique nature of this war should not be forgotten. Unfortunately, we may not understand the full impact of this war until it is over.

Other limitations include the lack of multicultural interaction. One purpose of this paper was to raise awareness of the military culture; however every individual has multiple identities that interact with their military identity. Counselors should keep in mind that the military population is as heterogeneous as any other population. These within-group differences will impact both how they are affected by the war as well as what methods will best support them. For example, an individual's cultural background may influence their reaction to the unique military stressors. The counselor is responsible for understanding their population and making the necessary adjustments to their chosen support model.

Another special consideration that did not receive enough attention to is that of reservist families. They may be more geographically stable than other military families; however, their experiences might be less normalized because they are in a non-military community that may not know their military status (Black, 1993). Authors generally refer to a lack of support for reservist families because they are not able to come together in a military community. This may impact the students in their ability to adjust to relocations or prepare for deployment because they can't refer to peers to see behaviors and reactions modeled.

Further research should be conducted on the current war and the effects on adolescents in military families. The specific nature of this war necessarily differentiates it from previous conflicts and should therefore be studied separately. Specific considerations should be given to unique military-stressors such as relocation, deployment of a caregiver, media influence, and impact of caregiver trauma on their family reunion and reorganization stages.

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