

# Fathering after Military Deployment: Parenting Challenges and Goals of Fathers of Young Children

Tova B. Walsh, Carolyn J. Dayton, Michael S. Erwin, Maria Muzik, Alexandra Busuito, and Katherine L. Rosenblum

Although often eagerly anticipated, reunification after deployment poses challenges for families, including adjusting to the parent–soldier’s return, re-establishing roles and routines, and the potentially necessary accommodation to combat-related injuries or psychological effects. Fourteen male service members, previously deployed to a combat zone, parent to at least one child under seven years of age, were interviewed about their relationships with their young children. Principles of grounded theory guided data analysis to identify key themes related to parenting young children after deployment. Participants reported significant levels of parenting stress and identified specific challenges, including difficulty reconnecting with children, adapting expectations from military to family life, and coparenting. Fathers acknowledged regret about missing an important period in their child’s development and indicated a strong desire to improve their parenting skills. They described a need for support in expressing emotions, nurturing, and managing their tempers. Results affirm the need for support to military families during reintegration and demonstrate that military fathers are receptive to opportunities to engage in parenting interventions. Helping fathers understand their children’s behavior in the context of age-typical responses to separation and reunion may help them to renew parent–child relationships and reengage in optimal parenting of their young children.

KEY WORDS: *family relationships; fathers; military; reintegration; young children*

Forty-four percent of U.S. service members ( $N = 991,329$ ) are parents, most of them fathers (U.S. Department of Defense [DoD], 2011). Thirty-seven percent of the nearly two million American children who have at least one parent serving in the military are under six years of age (DoD, 2011). More than two million American troops have been deployed to Iraq and Afghanistan since 2001, and the majority of recently deployed service members were serving their second or third tour. The families of these service members, including many young children, have also cycled through these deployments (Bonds, Baiocchi, & McDonald, 2010). In the state of Michigan alone, more than 11,000 Army National Guard troops have been deployed to Iraq or Afghanistan since 2001. In answering the call to serve their country, parents with young children are making significant sacrifices, and because of the centrality of the family in early development, their young children are also making sacrifices.

## STRESS EXPERIENCED BY FAMILIES DURING AND AFTER DEPLOYMENT

Deployment represents a significant stressor for families, with challenges often continuing from predeployment through the reunification phase. National Guard and Reserve Component troops and their families often face added challenges associated with geographic dispersion, including greater isolation and reduced access to services. During deployment, nondeployed parents report high levels of parenting stress, mood symptoms, and adjustment difficulties (Bender, 2008). Reunification also poses challenges, including both the normative task of re-establishing relationships, roles, and routines, as well as the potentially necessary accommodation to service-related injuries—both physical and psychological.

It is estimated that 25 percent to 40 percent of returning Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) service members experience symptoms that suggest a need for mental

health treatment (Milliken, Auchterlonie, & Hoge, 2007; Seal, Bertenthal, Miner, Sen, & Marmar, 2007; Seal et al., 2009). Posttraumatic stress disorder (PTSD), depressive symptoms, substance misuse, and mild traumatic brain injury are common conditions affecting returning troops, and these mental health symptoms can interfere with effective and sensitive parenting. In addition, recent studies have underscored that spouses of service members are also at risk for mental health problems (Renshaw, Rodrigues, & Jones, 2005), with rates nearly as high as those of the soldiers themselves (Eaton et al., 2008). Given the many challenges faced by military families, it is not surprising that approximately 42 percent of parents reported clinically significant levels of parenting stress, with levels of parenting stress largely accounting for elevations in child behavior problems (Flake, Davis, Johnson, & Middleton, 2009). The experiences of deployment and reunification may represent a time of heightened stress and transition, for example, 29 percent of respondents in a DoD-supported survey of spouses reported that the service member had difficulty reconnecting with their children on reunion. The stress of deployment is underscored by escalating rates of child maltreatment, divorce, and suicide in military families during and after deployment (Gibbs, Martin, Kupper, & Johnson, 2007; Rentz et al., 2007). Parenting stress thus represents a highly significant and salient risk factor for military parents.

### **Parenting and Young Children in Military Families**

Child development during the first years of life is marked by a rapid progression of physical and cognitive changes. Young children rely on parents to support their developing biobehavioral and psychosocial regulatory capacities, and disruption within the family system may be especially difficult for younger children. Indeed, when military spouses were asked the age of the child they were most concerned about, 36 percent listed their preschool-aged child (DoD, 2010). Parental deployments may be disruptive in many ways. During the deployment cycle, children are necessarily separated from one parent and experiencing the grief and loss reactions associated with that separation. At the same time, children must rely more heavily on the remaining parent, who is at heightened risk for experiencing distress and emotional

symptoms such as those associated with depression and anxiety (Eaton et al., 2008). Given the centrality of the caregiving environment for early child development, the impact of deployment on young children is heavily influenced by parental stress and corresponding sensitivity to child needs (Alink et al., 2009; De Wolff & van IJzendoorn, 1997; Hirsh-Pasek & Burchinal, 2006; Hoffman, Marvin, Cooper, & Powell, 2006; Lincoln, Swift, & Shorteno-Fraser, 2008).

Due to the rapid developmental changes over the first few years of life, deployed soldier-parents miss many important developmental milestones in the lives of their children while they are away. Reunification requires re-establishing connections with a child who has undergone significant developmental transitions, and who, by nature of age, may not communicate directly, may exhibit challenging behaviors, and yet is dependent on parents for meeting emotional needs. Extended family and community support is often more available during the deployment. The transitions associated with reunification are also difficult, and families often face these private struggles without adequate support.

### **The Current Study**

The current study is embedded in a larger investigation of the efficacy of STRoNG (Support to Restore, Repair, Nurture and Grow) Military Families, a brief, tailored, group intervention to enhance positive parenting among military families with young children (Rosenblum & Muzik, *in press*; see <http://m-span.org/programs-for-military-families/strong-families/>). STRoNG Military Families is a manualized, short-term (10-week) multifamily parenting group intervention, serving service members who are parents of young children and their parenting partners. This integrated model of intervention addresses both parenting skills and strategies to enhance parent mental health, with a focus on the postdeployment reunification phase. Although the program is open to service members from all branches of the military, there is an emphasis on meeting the unique needs of National Guard and Reserve members, who are more likely to experience isolation and lack of needed supports. The current study aims to understand the experiences of fathers parenting young children after deployment, and, specifically, to identify the hopes that men bring, and the challenges that

they experience, as they resume parenting in the context of reunification after extended separation from their young child. Ultimately, the translational goal of the current work is to inform the provision of support to military fathers as they re-engage in parenting their young children.

## METHOD

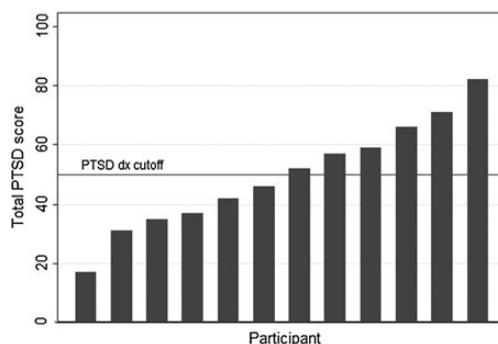
### Study Participants

Fourteen male service members deployed within the past two years participated in the study. Inclusion criteria required that the participant was father to at least one child under age seven; notably, however, all but one father in the study had at least one child under age five. Participants were recruited through flyers and personal contacts with staff at regional organizations including the Department of Veterans Affairs (VA) and at Michigan Army National Guard Reintegration Weekends. The population of service members in Michigan suggested that a majority of participants would be National Guard or Reservists, male, and white. Military families with young children were recruited for participation in a 10-week multifamily group intervention (STRoNG Military Families). Interested and eligible fathers completed the baseline preintervention home visit, during which time these interviews were conducted.

Complete demographic and mental health data are available for 12 of the fathers. Of the 14 fathers who completed the interviews, two did not complete the baseline questionnaires, including the detailed demographic survey and mental health symptom checklists, despite full participation in the baseline interview and subsequent multifamily group intervention.

Fathers ranged in age from 22 to 40 years. The majority of the sample was white (83 percent), married (75 percent), and had attended at least some college (75 percent). Two-thirds of the sample reported annual household income under \$50,000, and half were currently unemployed. Two-thirds of the sample had two or more children, and a substantial minority (41.7 percent) had one or more stepchildren. The majority of the sample reported having two or more deployments. Half of the fathers met criteria for a diagnosis of PTSD, and among participants who did not meet criteria for diagnosis, many reported high, subclinical levels of trauma symptoms (see Figure 1).

**Figure 1: Total PTSD Score, by Participant**



Additional information about individual and family characteristics of the sample is provided in Table 1.

### Procedures

Participants were interviewed in their own home, in the six weeks preceding the start of their participation in STRoNG Military Families. At the conclusion of the home visit, fathers were provided a self-report packet of questionnaires and were asked to bring the completed packet to the first session or return by mail in the addressed, stamped envelope provided. Fathers were asked to answer questions with a focal child in mind, defined as the oldest child in the specified age range of seven years or younger (child average age in months:  $M = 47$ ,  $SD = 22$ ; 50 percent male). The study was approved by the University of Michigan Institutional Review Board (#HUM00037597). All participants signed informed written consent and were compensated up to \$120 for their participation across all phases of the study.

### Measures

**Demographic Questionnaire.** Fathers responded to a series of questions regarding household composition, marital status, deployment history, ages and gender of children, and family income.

**Parent Mental Health.** The Patient Health Questionnaire (PHQ-9) (Kroenke, Spitzer, & Williams, 2001) is a self-report instrument that assesses nine *DSM-IV* symptoms of depression over a two-week period. The PHQ-9 has acceptable reliability, validity, sensitivity, and specificity; scores  $\geq 10$  have a sensitivity of 88 percent and a specificity of 88 percent for major depressive diagnosis, and

**Table 1: Individual and Family Characteristics as a Percentage of the Sample**

Characteristic	Father (N = 12)
Age (in years)	
22–30	41.7
31–40	58.3
Marital status	
Married	75.0
Engaged	16.7
Divorced	8.3
Ethnicity	
White	83.3
Hispanic	8.3
Multiethnic	8.3
Education	
High school diploma	16.7
Some college	75.0
Technical certificate	8.3
Employment	
Yes	50.0
No	50.0
Enrolled in education or training program	
Yes	41.7
No	58.3
Income	
<30,000	36.4
30,001-50,000	27.2
>50,000	36.4
Stepparent	
Yes	41.7
No	58.3
Single parent	
Yes	8.3
No	91.7
Present at birth of child	
Yes	41.7
No	58.3
Number of children	
1	33.3
2	41.7
3	8.3
4	8.3
5	8.3

scores are sensitive to change. The Post-Traumatic Disorder Checklist–PCL–Military (Weathers, Litz, Herman, Huska, & Keane, 1993) is a validated and reliable self-report measure of the 17 *DSM-IV* symptoms of PTSD.

**Parent Interview.** Fathers were interviewed using the modified Working Model of the Child Interview (WMCI) (Rosenblum, McDonough, Muzik,

Miller, & Sameroff, 2002). This semistructured, open-ended interview includes questions designed to tap into parents' attributions, beliefs, and representations of their children (for example, "Tell me about your child's personality. What is [she/he] like?" or "How would you describe your relationship with your child?"). The standard, attachment-based, categorical coding system has been validated against parenting behavior and child outcomes. Interviews were conducted by master's degree-level project staff and were audiotaped and transcribed verbatim. Interviews ranged from 45 to 75 minutes.

### Data Analysis

A thematic analysis, drawing on principles of grounded theory (Strauss & Corbin, 1998), was conducted to identify themes from fathers' accounts of their relationship with the focal child. Interviews included the administration of the modified WMCI protocol in addition to several open-ended questions designed to assess men's thoughts and feelings related to intervention services that they might find helpful in navigating postdeployment parenting challenges. Although the WMCI can be used to categorize the parents' attachment-relevant representations of the child, the military-parent specific content is not standardly assessed, yet these themes were observed to be highly salient for the fathers, and thus were a primary focus of the current qualitative analysis. Transcripts were content coded by two researchers independently, and in a first round of open coding, data were organized into smaller segments and descriptors were attached to the segments (Leech & Onwuegbuzie, 2008). In an iterative process, three members of the research team (the first two authors and final author of this article) independently read each transcript multiple times to distinguish and refine definition of recurrent themes and to establish reliable codes (Thomas, 2006). When the research team reached consensus on code definitions, all transcripts were coded accordingly. Within- and cross-case analyses were conducted, and results were verified by returning repeatedly to the data to search for disconfirming evidence. Further, the third author of this article, a service member with experience parenting a young child after deployment, offered insight into how he made meaning of fathers' accounts of their experiences, through the prism of his deeper and more personal understanding of this topic.

## RESULTS

Results indicate the diversity and range of feelings that men experience as they work to create and renew strong father–child relationships after deployment. Their responses encompass negative feelings and a sense of loss, as well as positive feelings of hopefulness and joy. Two categories of themes emerged from content analysis: the *motivations* men bring to re-engaging in parenting after deployment, and the *challenges* they encounter in this endeavor. Themes from each category are presented below; themes are reflective of patterns across interviews, and quotations have been selected for inclusion because they are representative and illustrate the rich, textured data generated.

### Motivations

The first set of themes relates to the strong *motivation* that fathers bring to parenting in the reunification phase. Fathers were interviewed prior to participating in STRoNG Military Families, and they described their strong drive to be excellent fathers, their reasons for electing to participate in a parenting intervention, and what they hoped to gain from their participation.

***Learn and Develop New Parenting Skills.*** Being a father is profoundly important to the participants in this study, and they described strong motivation to learn and develop new parenting skills. Fathers talked about wanting to be the best dad they can be, wanting to set a good example for their child, and wanting to provide a better life for their child. Fathers acknowledged a desire to increase their parenting skills and knowledge in order to achieve these ends. In the words of one father:

I want to be a better parent, I want to learn to be a better parent. So um, anything—I'm hoping for some tools to be a better parent. . . . When I came home from the Marine Corps, uh, I really had a hard time adjusting to it. And so, um, you know coming from a structured lifestyle, being told what to do, how to do it, when to do it, um, to coming home and being a full-time dad, um, and everything else, I didn't know how to adjust to it. I didn't—I didn't know what to do. And I didn't spend as much one-on-one time with her as I should have. I'm still learning.

***Support in Expressing Emotions and Providing Nurturing Care to Their Children.*** Fathers expressed broad openness to learning and developing new parenting skills, and they also honed in on a specific domain in which they believe they need particular support. Acknowledging the contributions of both their own upbringing and their experience in the military, fathers described the expression of nurture to their children as a particular and deep challenge.

I don't show too much affection. Maybe that's because of how I was raised. . . . [I hope to be] different than my parents definitely. . . more affectionate, loving, um a little bit more involved. . . . I just have difficulty with that part of myself, you know, showing love or "oh are you alright?"

Many fathers described their partners as being the predominant source of affection and nurture for the children. Some described their partners as critical of their own relatively more limited provision of affection and nurture. Fathers perceived a need to build their own capacity to express emotions and provide nurture to their children.

***Managing Temper at High-Stress Moments.*** Fathers identified another goal of learning to more effectively manage their temper, particularly at high-stress moments. They described, often using their partner's greater equanimity as a reference point, the difficulty of staying calm when their young child acts up. One father described the difficulty he experiences, and his wish to change, as follows:

I'm uh, I don't have good tolerance. I'm uh, I stress very easily. . . . [When she stomps her feet and cries, I feel like] grabbing her, if I have to drag her to her room and just leave her there. . . . [I want to learn] better ways for handling uh (pause) how easily my kids can stress me out. I mean that's, I think, that's the biggest thing I hope to accomplish.

As fathers to young children, participants described being tested regularly by challenging behavior, including temper tantrums. They reported feeling elevated levels of stress when their child acts up, uncertainty about reasonable expectations for behavior from a young child, and a limited

repertoire of strategies for managing difficult child behavior. Fathers expressed a wish for support in each of these areas, but most prominently wanted support in managing their own temper and increasing their capacity to respond to child-related stress in healthy ways.

**Connect to and Learn from Other Fathers.** As they described the types of parenting support that they would find useful, fathers indicated that they would like to both receive and provide support. They suggested that men who shared the experience of deploying for military service and reuniting with a young child upon return could relate to each other in important ways and that the opportunity to engage around parenting could allow individuals to both support and be supported. This perspective is exemplified in the following quotation, in which one father explains what he is looking for from participation in STRoNG Military Families.

Sharing problems, the good and the bad . . . I'm hoping uh, (pauses) to learn about other people's issues, and uh, help each other. I mean basically some, one person's issue might be our uh, something that we deal with well and we can teach them, you know? Or, you know, learn about each other's kids and how to take care of certain problems or how to make something better. . . . That's what I'm looking for. Hoping to learn and teach.

## Challenges

The second set of themes reflects the marked challenges that fathers encounter while parenting in a context of heightened stress and transition. For some fathers, the experience of these and other parenting challenges likely contributed to motivation to participate in the group; however, the four challenges below were frequently discussed by participants simply as challenges, without attribution as sources of motivation, whereas the themes above were all regularly noted by participants as sources of motivation for participation in STRoNG Military Families.

**Reconnecting with Child on Reunion.** In speaking about what it was like to reconnect with their child after returning from a deployment, fathers spoke of feelings of loss stemming from the time spent apart. They frequently described difficulty regaining the sense of closeness that they remembered from

before their deployment, often underscoring the change by contrasting the difficulty of regaining a closeness that has dissipated with the increased closeness they now observe between their child and the parent who remained at home.

[Now, with my daughter] it's always "mom I want you to do this, mom I want you to do that, do this with me, will you do this . . ." A lot of it I think has to do with uh me being gone . . . [Before I deployed] when I was home it was fifty-fifty . . . it was fifty-fifty I think until I left and came back. . . . [Now] I think mommy's number one.

Fathers noted that the challenge of reconnecting with a child is more pronounced when that child is young, because young children cannot hold onto the memory of a parent across deployment in the way that older children can. Some fathers explicitly mourned the loss of the relationship that might have developed had they not deployed, as they described the difficulty they experienced in re-establishing a close father-child relationship.

He was born, and before he was walking was when I was deployed. And um, I came back, he was standing, gripping onto [my wife's] leg—looking at me like, that's who? She had to tell him, that's Daddy. . . . I have no idea what our relationship would be like if there was no Iraq war. I don't think it would be anything like it is today, I think it would be a lot different.

**Regret about Missing an Important Period in Child's Development.** With young children, extended deployment necessarily spans a developmental transition.

[I wish my daughter could be] three months again, just to kind of have more time, you know? As a baby. Like I didn't get to experience that that much. Actually, the first time I got to hold her she was almost four months. So I didn't really, um, get to have her much you know, when she was an infant.

Some fathers described feelings of loss in connection to a missed period in their child's development, and a wish to "get back that time" so they could experience that stage of development.

***Adapting Expectations from Military Life to Family Life.*** All fathers in the sample, in varied ways, described difficulty adapting expectations from military life to family life. This difficulty was most often encountered in adjusting to the unpredictability of a young child's behavior, in contrast to the accustomed routines of military life, and in the lack of follow-through exhibited by young children when given directions: "Um, you know I—I'm a military guy and I, I emphasize on discipline, so that's my hard point is not realizing the age factor and they're not soldiers."

In describing this challenge, fathers often honed in on the dilemma of discipline. In a military context, there are predictable consequences for failure to follow instructions; at home, fathers found it challenging to know what type of responsiveness to expect from their children, how much nonresponsiveness to tolerate, and how to address it in developmentally appropriate ways.

***Coparenting in the Context of Deployment and Reunification.*** Simultaneous to reengaging with their children, fathers returning from deployment are reengaging with their child's mother. This posed particular difficulty for fathers who were no longer in a romantic relationship with their child's mother, but even among fathers currently married to their child's mother, a return to parenting together after an extended separation was experienced as challenging. Some fathers perceived their child as taking advantage of what they viewed as more lenient parenting by the child's mother during deployment, and experienced difficulty reinstilling what they considered to be optimal discipline in the home.

His mother wants to, you know, I guess, give him things, provide him, you know, security and safety . . . and like, you know, [make him feel] everything's okay, and you know I think because of that, the children in general are more lax, are more in the "well I can do whatever I want now" [when dad is away].

Some believed that their disagreements with their child's mother presented a barrier to a strong father-child relationship:

My relationship [with my child] is not as close as I want it, because I'm still conflicting with my wife about um, you know, things he should

have, things he should not have. Um, how he should you know be dealt with, something he does good or bad, you know, praised or punished.

Fathers in the sample universally experienced some degree of challenge renegotiating their role as a parent in association with others involved in parenting the same child.

## **DISCUSSION**

Parenting young children is challenging for all fathers and mothers, and many parents feel strong motivation to improve their parenting. These experiences have a distinct character among military fathers. Fathers in this study were keenly aware that they had missed important parenting moments while deployed, that their relationship with their child had shifted, and that reconnection requires effort, and they expressed strong motivation to invest in rebuilding relationships and to be excellent fathers. Two factors emerged as influential within each of the thematic areas and represent possible mechanisms that account for many of the experiences of these fathers: (1) the impact of trauma and (2) the transition from military to home life.

### **Impact of Trauma**

Among troops returning from service in Iraq and Afghanistan, reports of trauma and clinically significant levels of traumatic stress are high. Half of the participants in this study scored above cutoffs for diagnosis of PTSD, and others scored marginally below cutoff. While a child's unhappiness or misbehavior is universally difficult for parents, the trauma symptoms of soldiers may compound the difficulty of tolerating a child's distress, upset, or demandingness. One father explained how he experiences his child crying as follows:

She's crying you know, and it's like there's nothing I can do, and you know all that stuff plays back into my PTSD. . . . I feel horrible. I don't see [my daughter] crying, I see, you know, 18-, 19-year-old kids that are dying in my arms and their crying moms.

Fathers of young children are inevitably exposed to crying, and when crying is a trigger for painful memories, fathers find that those memories are

frequently evoked. Thus, trying to manage trauma symptoms poses a particularly complex challenge for a service member simultaneously seeking to reengage in parenting a young child.

### **Transitioning from Military Life to Home Life**

Many troops and their families experience great excitement and happiness upon reunion. Full reunification, however, requires an investment of time and effort on the part of all family members. Fathers in this study recognized that it is not easy, and there is no clear path, to get back to a “normal” life at home. They also understood that “normal” will likely mean something different after deployment, given a range of changes that may have occurred—changes to their own physical and psychological health, changes in their connections to family members, and inevitably the growth and development of their young child.

A source of significant parenting stress at the outset of family reunification was the need to understand and adapt to the developmental transition undergone by their child in their absence. Expressing affection and implementing appropriate discipline pose particular challenges, and fathers acknowledged that this challenge derived at least in part from the need to set aside the framework of military norms and adopt a developmental frame for expectations of their children.

### **Clinical Implications**

Deployment is a time of great stress for families, but the need for support and a strong community continues during the extended period of reintegration after the service member returns. This need is particularly pronounced when the returning service member is father to a young child, and he faces the core challenge of reconnecting with a child who has undergone significant developmental changes while he was away. Healing and repair occur within day-to-day moments when family members respond to one another’s need for connection, nurture, and support: picking up the young child when he cries, playing ball together, laughing and sharing a joyful moment, and supporting one another when feelings are hard. These everyday interactions build and strengthen relationships, enhancing both individual and family resilience.

Consistent with findings from focus groups conducted with fathers serving in the U.S. Air Force (Lee et al., 2013), results of this study demonstrate that military fathers are receptive to opportunities to engage in parenting interventions. In particular, fathers perceive a need for guidance to understand their children’s behavior in the context of age-typical responses to separation and reunion, and to define developmentally appropriate responses to challenging child behavior. Fathers in this study were eager for support for themselves and their families as they reconnect and strengthen relationships, and they welcomed the opportunity to come together with other military families to create community and support each other’s processes of reconnection.

In an effort to address these types of concerns, STRoNG Military Families incorporates strategies around five core pillars: (1) psychoeducation regarding effective parenting strategies, (2) self-care skills to address parents’ own stress and psychiatric symptoms, (3) enhanced social support through connection with other military families, (4) connection to community resources, and (5) support for child and parent interactions. A National Institute of Child Health and Human Development–funded phase 2 randomized controlled trial to evaluate efficacy of the intervention for improving positive parenting and parent mental health is currently underway (R21 HD072375; principal investigator: Rosenblum, STRoNG Military Families).

### **Limitations**

Several key limitations affect our ability to generalize from the results of this study. This study relied on cross-sectional interview data collected from a small sample of military fathers. Consistent with the population of the Michigan National Guard, participants were primarily white. The sample evidenced high levels of trauma (it is possible that high-need fathers were more likely to be referred for services by the VA), as well as high levels of motivation and investment in parenting (as suggested by participants’ willingness to sign up for a 10-week parenting program). It is not possible, based on this study’s sample, to generalize to the larger population of fathers of young children returned from OEF/OIF, nor does this sample allow for differentiation between the experiences of fathers with one or multiple deployments, with one or more than one child, by income, by race or

ethnicity, or by physical or psychological health status. However, the current study provides an important foundation for continued investigation of the experiences of service members who return to parenting young children after deployment, and suggests both the need for support for fathers and their families during reintegration and the willingness of some high-needs fathers to access such support when it is made available.

## Conclusion

Results of this study underscore the resilience and coping abilities of service members and their families. Acknowledging that both great happiness and great stress are associated with returning home after deployment, participants described their motivation to foster and sustain strong father-child relationships. Support for fathers and families during reunification, aimed at enhancing positive parenting of young children, holds potential for improved individual (parent and child) outcomes and family resiliency.

Although the present study highlights both strengths and challenges faced by military fathers of young children, there remains a need for future research to consider the experiences of a broader cross-section of military fathers—incorporating the experiences of active duty and Guard/Reserve components, as well as across demographic groups. Research might also benefit from careful consideration of the unique challenges faced when deployment or reintegration occurs at distinct developmental periods in a child's life (for example, during pregnancy, the first year, or the preschool years, and so forth). Similarly, fathers' narratives in this sample suggest the importance of understanding family-level dynamics, including the role of coparenting and of blended family experience on fathering during reunification. **HSW**

## REFERENCES

Alink, L.R.A., Mesman, J., van Zeijl, J., Stolk, M.N., Juffer, F., Bakermans-Kranenburg, M.J., et al. (2009). Maternal sensitivity moderates the relation between negative discipline and aggression in early childhood. *Social Development, 18*(1), 99–120.

Bender, E. (2008). APA survey documents extent of MH problems in military. *Psychiatric News, 43*(11), 2–37.

Bonds, T. M., Baiocchi, D., & McDonald, L. L. (2010). *Documented briefing: Army deployments to OEF and OIF*. Santa Monica, CA: Arroyo RAND Corporation. Retrieved from [http://www.rand.org/content/dam/rand/pubs/documented\\_briefings/2010/RAND\\_DB587.pdf](http://www.rand.org/content/dam/rand/pubs/documented_briefings/2010/RAND_DB587.pdf)

De Wolff, M., & van Ijzendoorn, M. H. (1997). Sensitivity and attachment: A meta-analysis on parental antecedents of infant attachment. *Child Development, 68*, 571–591.

Eaton, K. M., Hoge, C. W., Messer, S. C., Whitt, A. A., Cabrera, O. A., McGurk, D., et al. (2008). Prevalence of mental health problems, treatment need, and barriers to care among primary care-seeking spouses of military service members involved in Iraq and Afghanistan deployments. *Military Medicine, 173*, 1051–1056.

Flake, E. M., Davis, B. E., Johnson, P. L., & Middleton, L. S. (2009). The psychosocial effects of deployment on military children. *Journal of Developmental and Behavioral Pediatrics, 30*, 271–278.

Gibbs, D. A., Martin, S. L., Kupper, L. L., & Johnson, R. E. (2007). Child maltreatment in enlisted soldiers' families during combat-related deployments. *JAMA, 298*, 528–535.

Hirsh-Pasek, K., & Burchinal, M. (2006). Mother and caregiver sensitivity over time: Predicting language and academic outcomes with variable- and person-centered approaches. *Merrill-Palmer Quarterly 52*(3), 449–485.

Hoffman, K. T., Marvin, R. S., Cooper, G., & Powell, B. (2006). Changing toddlers' and preschoolers' attachment classifications: The circle of security intervention. *Journal of Consulting and Clinical Psychology, 74*, 1017–1026.

Kroenke, K., Spitzer, R. L., & Williams, J. B. (2001). The PHQ-9: Validity of a brief depression severity measure. *Journal of General Internal Medicine, 16*, 606–613.

Lee, S. J., Neugut, T. B., Rosenblum, K. L., Tolman, R. M., Travis, W. J., & Walker, M. H. (2013). Sources of parenting support in early fatherhood: Perspectives of United States Air Force members. *Children & Youth Services Review, 35*, 908–915.

Leech, N. L., & Onwuegbuzie, A. J. (2008). Qualitative data analysis: A compendium of techniques and a framework for selection for school psychological research and beyond. *School Psychology Quarterly, 23*, 587–604.

Lincoln, A., Swift, E., & Shorteno-Fraser, M. (2008). Psychological adjustment and treatment of children and families with parents deployed in military combat. *Journal of Clinical Psychology, 64*, 984–992.

Milliken, C. S., Auchterlone, J. L., & Hoge, C. W. (2007). Longitudinal assessment of mental health problems among active and reserve component soldiers returning from the Iraq war. *JAMA, 298*, 2141–2148.

Renshaw, K. D., Rodrigues, C. S., & Jones, D. H. (2005). Psychological symptoms and marital satisfaction in spouses of Operation Iraqi Freedom veterans: Relationships with spouses' perceptions of veterans' experiences and symptoms. *Journal of Family Psychology, 22*, 586–594.

Rentz, E. D., Marshall, S. W., Loomis, D., Casteel, C., Martin, S. L., & Gibbs, D. A. (2007). Effect of deployment on the occurrence of child maltreatment in military and nonmilitary families. *American Journal of Epidemiology, 165*, 1199–1206.

Rosenblum, K. L., McDonough, S., Muzik, M., Miller, A., & Sameroff, A. J. (2002). Maternal representations of the infant: Associations with infant Still Face response. *Child Development, 73*, 999–1015.

Rosenblum, K., & Muzik, M. (in press). STRoNG Military Families: A multifamily group intervention for military families with young children. *Psychiatric Services*.

Seal, K. H., Bertenthal, D., Miner, C. R., Sen, S., & Marmar, C. (2007). Bringing the war back home: Mental health disorders among 103,788 US veterans returning from Iraq and Afghanistan seen at

- Department of Veterans Affairs facilities. *Archives of Internal Medicine*, 167, 476–482.
- Seal, K. H., Metzler, T. J., Gima, K. S., Bertenthal, D., Maguen, S., & Marmar, C. R. (2009). Trends and risk factors for mental health diagnoses among Iraq and Afghanistan veterans using Department of Veterans Affairs health care, 2002–2008. *American Journal of Public Health*, 99, 1651–1658.
- Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Grounded theory procedures and techniques* (2nd ed.). Thousand Oaks, CA: Sage Publications.
- Thomas, D. A. (2006). A general inductive approach for analyzing qualitative evaluation data. *American Journal of Evaluation*, 27(2), 237–246.
- U.S. Department of Defense. (2010, October). Report on the impact of deployment of members of the armed forces on their dependent children [Report to the Senate and House committees on armed services]. Retrieved from [http://www.militaryonesource.mil/12038/MOS/Reports/Report\\_to\\_Congress\\_on\\_Impact\\_of\\_Deployment\\_on\\_Military\\_Children.pdf](http://www.militaryonesource.mil/12038/MOS/Reports/Report_to_Congress_on_Impact_of_Deployment_on_Military_Children.pdf)
- U.S. Department of Defense. (2011). *Demographics report: Profile of the military community*. Retrieved from [http://www.militaryonesource.mil/12038/MOS/Reports/2011\\_Demographics\\_Report.pdf](http://www.militaryonesource.mil/12038/MOS/Reports/2011_Demographics_Report.pdf)
- Weathers, F., Litz, B., Herman, D., Huska, J., & Keane, T. (1993, October). *The PTSD Checklist (PCL): Reliability, validity, and diagnostic utility*. Paper presented at the Annual Convention of the International Society for Traumatic Stress Studies, San Antonio, TX.

---

**Tova B. Walsh, PhD**, is a Robert Wood Johnson Foundation Health & Society Scholar, University of Wisconsin–Madison. **Carolyn J. Dayton, PhD**, is assistant professor, School of Social Work, Wayne State University, Detroit. **Michael S. Erwin, BS, MS**, is major, U.S. Army, Highland Falls, NY. **Maria Muzik, MD**, is assistant professor, Department of Psychiatry & Comprehensive Depression Center, **Alexandra Busuito, BS**, is a graduate student, Pennsylvania State University, Department of Psychology, University Park. **Katherine L. Rosenblum, PhD**, is clinical associate professor, Department of Psychiatry & Comprehensive Depression Center, University of Michigan, Ann Arbor. Address correspondence to Katherine L. Rosenblum, Department of Psychiatry & Comprehensive Depression Center, 4250 Plymouth Road, Ann Arbor, MI 48109; e-mail: [katier@med.umich.edu](mailto:katier@med.umich.edu). The authors thank the participating families, as well as the Robert R. McCormick Foundation, Major League Baseball Charities, and the Robert Wood Johnson Foundation Health & Society Scholars program for their financial support.

Original manuscript received February 27, 2013  
Accepted June 11, 2013