

EXPLORING ADOLESCENT RESILIENCY DURING RECENT PARENTAL DEPLOYMENT

by

Joyce M. Buck

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Director of Dissertation: Ann Schreier, PhD, RN

Major Department: Nursing

Background: Military adolescents experience more behavioral risk factors, such as depression and suicidal ideation than civilian adolescents and often have difficulty adjusting to the many changes inherent in the lives of military-connected children. Eighty percent of military-connected children attend civilian public-schools and often have difficulty adjusting to new school environments. Furthermore, military culture is often misunderstood by non-military school personnel.

Objectives: Explore the environment of adolescents who attend public schools and its relationship to effective coping or resilience with regard to parental deployment.

Methods: Individual interviews with adolescents and school staff were conducted in a high school in a rural county of eastern NC. Limited participant observation and examination of relevant documents were utilized as well. The county is the home of a major US military base. All the student participants attended public school and have experienced at least one recent parental deployment. Conventional content analysis was used to interpret the data.

Results: The military-connected adolescents in schools (MCAS) in this study demonstrated resilience in terms of the constant changes they experience as result of being a MCAS. They

express a gamut of emotions in dealing with everyday life among the turmoil of adolescence and the challenges of having one or more parents who are active in the military. They strive to be normal kids who do normal things with normal people. They immerse themselves in many activities in and around the public-school environment to live their lives to the fullest.

Discussion: This study suggests that nursing practice can be enhanced when the assessment includes status of parental deployment. In the school setting, the school nurse should be aware of when deployment occurs and how deployment influences adolescent feelings and emotions. A better understanding of this unique population will further the Healthy People 2020 goal to improve the development, health, safety, and well-being of military-connected adolescents.

EXPLORING ADOLESCENT RESILIENCY DURING RECENT PARENTAL
DEPLOYMENT

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by

Joyce M. Buck, PhD(c), RN

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by

Joyce M. Buck

APPROVED BY:

DIRECTOR OF
DISSERTATION: _____

Ann Schreier, PhD, RN

COMMITTEE MEMBER: _____

Michele Mendes, PhD, RN, CPN

COMMITTEE MEMBER: _____

Deborah Tyndall, PhD, RN

COMMITTEE MEMBER: _____

Micah Scott, PhD, FNP-BC

CHAIR OF THE DEPARTMENT
OF GRADUATE NURSING SCIENCE: _____

Elaine S. Scott, PhD, RN, NE-BC

DEAN OF THE
GRADUATE SCHOOL: _____

Paul J. Gemperline, PhD

DEDICATION

I would like to dedicate this dissertation to my precious mother, Betty Mizelle. She has always been there for me and encouraged me to do my best in everything. She is an awesome role model of a Godly woman of faith. She always praised me for excelling in school and was encouraging even when I didn't. I did not always follow her advice, but she has always been the most patient person I have ever known. When I began this journey, she had not officially been diagnosed with the dreaded disease of Alzheimer's but we knew something was very wrong. I vividly remember telling her that I had started working on my PhD and her comment was, "You always liked a challenge." Challenging it has definitely been; but I am so thankful for her example that through Christ all things are possible!

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LIST OF ABBREVIATIONS

DOD	Department of Defense.....	5
DoDEA	Department of Defense Educational Activity.....	5
IOM	Institute of Medicine.....	10
MCAS	Military-connected adolescents in schools.....	18
SMLC	School military liaison counselor.....	30

Chapter 1: Introduction

Over 700,000 military-connected children in the United States have experienced at least one parental deployment. Deployment is accompanied by unique stressors for military families. In addition, lack of awareness about military service and controversial media exposure affect the emotional health of military members as well as their families (Ohye, Kelly, Chen, Zakarian, & Simon, 2016). Some children of military families tend to be resilient and do well despite multiple risk factors. They do well due to compensatory strengths and assets. Most tend to be healthy, trustworthy, and independent; have good relationships with peers; do well in school and are satisfied with life, with reports of increased optimism and positive self-image, and greater respect for authority (Easterbrooks, Ginsburg, & Lerner, 2013). In addition, they tend to be more tolerant of those who are different and welcome challenges (Easterbrooks et al., 2013). Furthermore, they tend to engage in fewer risky behaviors and exhibit greater self-control and increased competitiveness (Bello-Utu & DeSocio, 2015; Easterbrooks et al., 2013; Park, 2011).

Additionally, repeated relocations to military bases has been shown to support better family adjustment and increased social competence, as well as less deviant behavior (De Pedro et al., 2011). Likewise, sources of resilience from the military life-style include a strong sense of belonging to community with a shared mission and values (Riggs & Cusimano, 2014). Relocation can be viewed as an adventure, especially if the move is overseas, which exposes individuals to diversity (Aronson & Perkins, 2013). In fact, frequent relocation has actually been associated with better coping, resilience, and less problems in school and can be viewed as a chance to start over and cut ties with destructive peer groups (Johnson & Ling, 2013). In addition, the taking on of new responsibilities in the family can lead to increased self-confidence

and personal growth, and can even be seen as a contribution to the protection of the nation (De Pedro et al., 2011; Easterbrooks et al., 2013; Riggs & Cusimano, 2014).

Furthermore, warmth and resilience of parents, college education of parents, strength of parents' marriage, family cohesion, extended family support, support from community or religious congregation, living on base, and use of military resources all contribute to resilience in adolescents (Bello-Utu & DeSocio, 2015). Also, schools can help children cope by providing a stable or safe place for the child socially and emotionally because teachers, as well as peers, are very influential in the lives of adolescents (Bello-Utu & DeSocio, 2015; De Pedro et al., 2011). Surveys of parents and adolescents ages 11-18 (N=273 families) conducted during the spring and summer of 2013, with the use of social organization theory of action and change, identified social support as a protective factor for adolescents in military families (Mancini, Bowen, O'Neal, & Arnold, 2015). In fact, Masten (2013) contends that even the perception of societal support can be a protective factor.

One study reported that minority groups such as African American's and Latinos who attended Department of Defense Education Activity (DoDEA) schools, which are on military bases, outperformed their civilian peers on SAT, likely as a result of equality in employment, education, income level, health care, good schools and safe neighborhoods (Easterbrooks et al., 2013). Overall, families living on a military base have greater knowledge and access to resources (Bello-Utu & DeSocio, 2015).

Statement of the Problem

Military children in general, typically function as well, or better than their civilian peers (Gewirtz & Zamir, 2014). Wartime deployment, however, seems to be the stressor, particularly for school-aged children (Gewirtz & Zamir, 2014). One of the major objectives of Healthy

People 2020 is to “improve the healthy development, health, safety, and well-being of adolescents and young adults” (Healthy People, 2020, p. 1). According to the report, behaviors established within this critical period affect the health and well-being of this population and determine whether they are at risk for developing many chronic and preventable diseases. Furthermore, the developmental transitions that typically occur at this age make these individuals more sensitive to contextual influences. Although adolescents tend to be healthy, many health and behavioral problems either begin or escalate during this period (Healthy People, 2020). Examples include substance use, suicide, homicide, and other reckless behaviors. Health outcomes are linked to environmental factors such as school, community, family, and exposure to social media. Behaviors adopted by adolescents can prevent illness and death and the associated financial costs. Accordingly, a component of adolescent health is injury and violence prevention. The physical and social environment in the home and the community affect the risk of injury and violence (Healthy People, 2020).

Another component of adolescent health is mental health. Risk factors, as well as protective factors, determine whether adolescents have mental health versus mental, emotional, and behavioral disorders. Mental, emotional, and behavioral disorders tend to develop early, so the best opportunity for prevention is with young people (Healthy People, 2020).

Background and Significance

There are approximately two million children in the United States who have a parent in the military. More than two million children have experienced parental deployment since 2002 (Astor, DePedro, Gilreath, Esqueda, & Benbenishty, 2013). Exceeding a decade of war in Iraq and Afghanistan has placed a major toll, not only on service members, but their families, including adolescents. Of the approximate two million children in 2012 of military personnel,

adolescents ages 12-18 comprised 25% (McGuinness & McGuinness, 2014). Adolescence is a time of multiple changes including physical, psychological and emotional. Military deployment may increase adolescent vulnerability (Warner, Meisner, & Denning, 2014). Often, the deployments are multiple and may last up to 18 months (Aronson & Perkins, 2013). Most research studies on children of deployed parents have focused primarily on the adverse child mental health outcomes. However, there is a paucity of research on the part that resilience plays in this population.

There is a growing initiative by the President of the United States and the Department of Defense (DOD) to encourage civilian researchers, school personnel, and healthcare workers to collaborate with and engage in military communities (Siegal & Davis, 2013; Warner et al., 2014). Approximately 80% of children in military families attend a public school near a military base (DePedro et al., 2011). Accordingly, due to the fact that these families live off military bases and lack the resources of their on-base counterparts, these adolescents may need increased support (Bello-Utu & DeSocio, 2015; Friedberg & Brelsford, 2011).

Studies on military adolescents conducted since 9/11 report diverse findings with regard to the impact of parental deployment on these individuals. Multiple studies indicate negative outcomes including emotional symptoms such as anxiety, depression, and suicidal ideation. Other findings include behavioral manifestations such as substance use, weapon-carrying, displays of anger, conduct problems, academic difficulties, and suicide attempts. Physiological signs have also been noted, such as increased heart rate and blood pressure (Barnes, Davis, & Treiber, 2007). Furthermore, cases of child abuse and neglect have been reported. Outpatient as well as inpatient mental health visits for this population have increased as well (Warner et al., 2014).

Findings vary according to age, developmental stage, sex of deployed parent, relationship with parents, marital status of parents, rank of deployed parent, branch of military, and living arrangements, just to name a few. Another determining factor is enlisted status of parent versus National Guard or Reserves. There may be less resources available to members of the National Guard and Reserves (Riggs & Cusimano, 2014). And finally, one of the most important predictors is the well-being of the parent who remains home with the adolescent (Bello-Uto & DeSocio, 2015).

Alternatively, more recent studies report resiliency in adolescents related to parental deployment (Aronson & Perkins, 2013; Easterbrooks et al., 2013; Ohye et al., 2016; Park, 2011; Riggs & Riggs, 2011). Accordingly, some adolescents report a sense of pride in their parent's deployment and willingly take on extra household responsibilities when the parent is deployed. Furthermore, some sources report that adolescent behavior improves with frequent relocation, as occurs often in military families. Some factors found to be associated with adolescent resiliency are the resilience of the parents, sense of family cohesion, and stable parenting practices with appropriate limit-setting (Beardslee et al., 2011; Bello-Uto & DeSocio, 2015).

However, there is much debate about the influence of a single deployment or a deployment of relatively short duration, versus deployment of longer duration or repeated deployments with regard to the impact on adolescents. Some sources argue that deployments have a cumulative effect and that adolescents become less resilient with repeated deployments. Alternatively, other sources contend that resiliency builds with successive deployments (Beardslee et al., 2011; Bello-Uto & DeSocio, 2015; Chandra & London, 2013; Esposito-Smythers, et al., 2011).

Several studies have been done with young school-aged children; but few have focused specifically on the needs of adolescents, particularly with regard to the added stress of development (Milburn & Lightfoot, 2013). In addition, there is limited information available on the impact of deployment on adolescents in civilian public schools (DePedro, et al., 2011). The majority of military adolescents attend civilian public schools. There is gap in the literature on the impact of school environment and community contexts on the development of MCASs. MCASs experience more negative outcomes than civilian peers particularly in middle and high schools, compared to civilian peers in the same school (Astor et al., 2013). In addition, military adolescents often have difficulty adjusting to new school environments (Astor et al., 2013). The average adolescent of a military family will attend six to nine different schools during their kindergarten through twelfth grade education (DePedro et al., 2011). MCASs in public schools experience higher rates of substance use, mental health stress, violence, and victimization than their civilian counterparts (Astor et al., 2013). Anti-war sentiments have been noted to illicit violence from their classmates. Furthermore, teachers and peers in military connected schools often lack awareness of the military lifestyle and culture; and schools may lack the appropriate resources to address transition issues (Astor et al., 2013). Military adolescents experience more behavioral risk factors, such as depression and suicidal ideation than civilian adolescents and often have difficulty adjusting to new school environments. Military culture is often misunderstood by non-military school personnel (Astor et al., 2013). In the school setting, the school nurse should be aware of when deployment occurs and who is being deployed and how deployment influences adolescent feelings and emotions. Military culture, that includes pride of parents serving in the armed services, may be a source of resilience and strength for adolescents

(Riggs & Cusimano, 2014). On the other hand, among peers there may be a negative stigma associated with military culture (Hall, 2011).

Developmental transitions make this time more sensitive to contextual influences when physical and behavioral problems may begin or escalate. Since school nurses are in the best position to assess and provide for the needs of this unique population, they need to become more familiar with military culture and collaborate with military school liaisons (Bello-Uto & DeSocio, 2015; Maholmes, 2012).

“The psychological health visits for military children rose dramatically from 2003-2008. Inpatient days for military children rose 50 percent, and appointments for psychological health problems rose by more than 85 percent per capita during that period” (Warner et al., 2014, p. 57). Furthermore, the growing costs of treating psychological problems for military members and their families have consumed a large portion of the defense budget (Warner et al., 2014). The Institute of Medicine (IOM) report included recommendations for the DOD to include the provision of evidence-based interventions for military families, including their children. The specific areas that need to be addressed include “family violence, substance abuse, stress reaction, stigma, and depression.” (Warner, 2014, p. 7).

A program for military families known as military-school-community partnering includes liaisons between the DOD and organizations such as the YMCA and the Boys and Girls Club. Most are located close to military bases. Some schools employ professionals in human development, family systems and counseling. School liaison programs (SLP’s) enhance academic success of military children faced with stressors such as school transition due to relocation as well as deployment-related stress (Aronson & Perkins, 2013). Summer camps for

children are provided by several military organizations (Aronson & Perkins, 2013; Easterbrooks et al., 2013).

Pilot Study

A pilot study was conducted to explore resilience among adolescents of military families in the context of parental deployment and the school environment. Two focus groups, one with seventh grade students and one with eighth grade students were conducted. Adolescent resiliency was understood through three major themes: Emotional Rollercoaster, Reality of Deployment, and Virtual Talking. Emotional Rollercoaster was expressed as both positive and negative experiences. Positive experiences included encountering a new school and new friends and negative experiences included crying, “keeping it in” and “flipping out.” Reality of deployment was expressed as favoring the deployed parent over the parent at home, awaiting the homecoming and replacing the absent parent with distractions such as fishing, walking, and writing. Virtual talking was expressed as talking with the deployed parent through social media, as well as talking to pets, God, and friends. Findings from the pilot study suggest that the stressor of parental deployment is affected by the social environment of the adolescents with regard to effective coping. This study explored the influence of the social environment of the public school on the effective coping or resilience of the adolescent affected by parental deployment.

Theoretical or Conceptual Framework

Resilience research is largely derived from developmental psychology with children and adolescents. Rather than focusing on illness and psychopathology, resiliency theory focuses on understanding healthy development and strengths versus weaknesses (Windle, 2011). Resiliency theory has been applied to a wide range of age groups and disciplines, from physics to psychology. Resilience encompasses a wide range of outcomes, not just on superior functioning

of an individual (Windle, 2011). Adaptation and development is influenced by both genetic and environmental factors. For children, the attainment of certain developmental tasks is often seen as universal or normative achievements. Other accomplishments are more related to culture or context (Masten, 2013).

Adolescent resilience has many definitions and includes descriptors such as hardiness, sustained competence, positive adjustment, invulnerability, and successful adaptation to a changing environment despite adversity (Beardslee et al., 2011). Other terms that have been interchanged with resilience are self-efficacy and persistence (Lucier-Greer, O’Neal, Arnold, Mancini, & Wickrama, 2014). Resilience is a combination of an individual’s personal characteristics and factors in the environment and can vary over time (Easterbrooks et al., 2013). It is a dynamic process. Resilience can occur in some areas and not others. For instance, a student may perform well in academia, but lack interpersonal skills. Furthermore, adolescent resilience comes from finding ways to deal with stress, which can increase self-confidence. Adolescent resiliency typically develops following repeated stressors (Easterbrooks et al., 2013; Lin, Rong, & Lee, 2013). According to Garcia-Dia and O’Flaherty, 2016, “resilience is defined as the possession of hope that is characterized by self-efficacy and coping” (p. 240).

Resilience in children is associated with good cognitive ability or intelligence, an easy temperament, positive regulation and expression of emotion, a sense of humor, optimism, good health, and an internal locus of control. Furthermore, resiliency is not passive; the individual exerts an active role or ability to control their responses to stressors through the use of cognitive defense mechanisms and coping skills (Easterbrooks et al., 2013).

Development plays a role as well. The term *neuroplasticity* refers to the brain’s ability to change as a result of experiences (Garcia-Dia, DiNapoli, Garcia-Ona, Jakubowski, & O’Flaherty,

2013). This phenomenon is said to be present throughout an individual's life, and certain stress protective factors, such as discipline or focus, can be increased through training and practice. It has been proposed that there is a limited time frame for enhanced neuroplasticity such that interventions initiated early in development are more likely to be successful in promoting resilience (Garcia-Dia et al., 2013).

Furthermore, quality social relationships with family and others contribute to adolescent resiliency (De Pedro et al., 2011; Easterbrooks et al., 2013). Effective parent-child relationships enhance child adaptation skills and resilience, which results in a decrease in problem behaviors as well as emotional problems (Beardslee et al., 2011). Furthermore, levels of perceived parental support may be a critical protective factor during deployment.

One quantitative study of 1036 adolescents ages 11-18 used a social ecological perspective and stress process to compare three risk models on adolescent well-being and academic functioning (Lucier-Greer et al., 2014). The first, a structural equation model assessing an additive risk model, grouped six military-related risk factors to adolescent well-being with three normative stressors to determine well-being and academic performance versus the amount of persistence or resilience. The second model, a structural equation model assessing a cumulative risk model, examined the impact of the total number of risk factors to explain psychological well-being and academic outcomes, whereby the number of risk factors present exerts more influence versus any individual factor. And the third model, a structural equation model assessing a comparative risk model, examines the relative impact of the total number of military-related risks and normative risks to explain psychological well-being and academic outcomes of military adolescents ages eleven-eighteen. The normative risk factors were noted to

be the most significant predictor of outcomes. In all three models, persistence was the mediator between risk and adverse outcomes (Lucier-Greer et al., 2014).

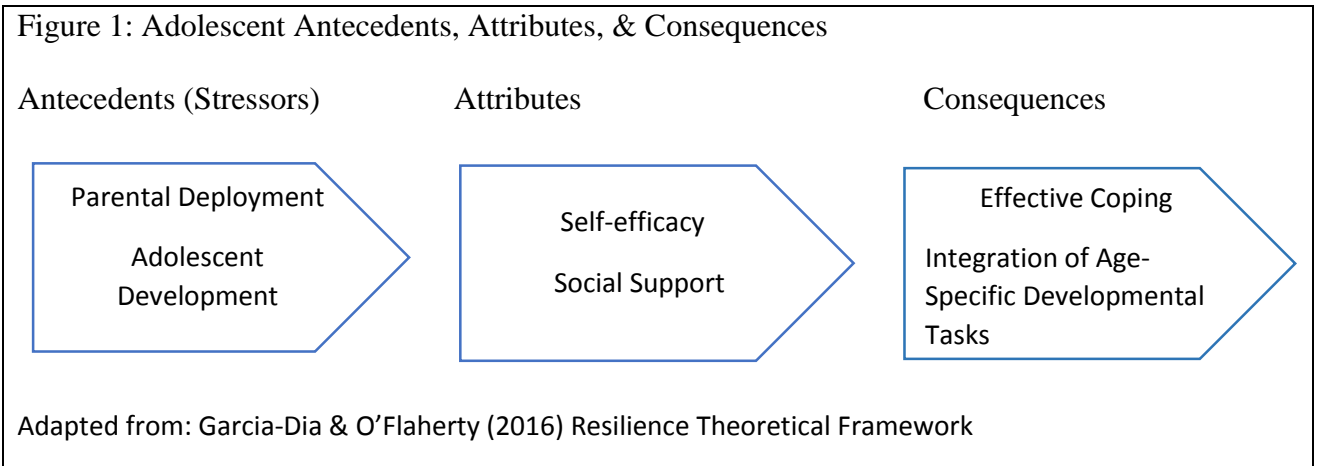
Protective factors include perceived parental support. For instance, one study linked maternal support with fewer adjustment problems. What is uncertain, however, is the impact of communication between the adolescent and the deployed parent (Alfano, Lau, Balderas, Bunnell, & Beidel, 2016). Alternatively, according to a study by Rodriguez and Margolin (2015) of 70 mother-adolescent pairs in southern California with active duty fathers, frequent contact with the deployed parent serves as a protective factor against symptoms of anxiety.

According to Gewirtz and Zamir (2014), parenting practices may be a mediating factor regarding the effects of deployment on children. When parents are involved with their children, teach and help them to problem-solve, as well monitoring and setting limits on their behavior, children tend to be resilient and have positive outcomes (Gewirtz & Zamir, 2014).

A schematic representation of the resilience theoretical framework by Garcia-Dia and O'Flaherty (2016) was used to provide a theoretical lens to view the phenomenon being explored in this study (Creswell, 2009). Concepts from the schema were defined conceptually. The relationships among the variables were identified as well (Roberts, 2010).

“Children’s resilience depends on the adaptive functioning of their own internal systems as well as interactions among many other systems in their lives” (Masten, 2013, p. 200-201). According to resilience theoretical framework, antecedents are considered to be any adverse event or threat that can compromise one’s ability to cope (Garcia-Dia & O’Flaherty, 2016). Attributes are qualities or characteristics one possesses. Consequences are the results of a condition or action. In this study antecedents added to the framework were parental deployment and adolescent development. The attributes used in the study were self-efficacy and social

support. One of the tenets of the framework is that there are physiologic factors such as *neuroplasticity*, in which the brain actually changes as a result of one’s experiences. Such changes are referred to as protective factors. Furthermore, with training and practice, it has been posited that one can actually increase these protective factors (Garcia-Dia et al., 2013). Garcia-Dia et al., (2013) used effective coping as a consequence with integration of age-specific developmental tasks as a sub-category of effective coping. In this study, consequences used in the framework include effective coping with the sub-category of integration of age-specific developmental tasks. Therefore, this study examined how the school environment influences the effective coping or resilience of adolescents affected by parental deployment. (See Figure 1).



Research Intent and Questions

The intent of this study is to explore the influence of the social environment of adolescents who attend public schools and its relationship to effective coping or resilience with regard to parental deployment. Although research is beginning to focus on resiliency in adolescents affected by parental deployment, there is a lack of documented research studies

involving adolescents affected by parental deployment who attend public schools. Furthermore, little is known about environmental factors of the public-school system with regard to adolescents affected by parental deployment.

The goal of this study is to have a total sample of no more than five adolescents. Adolescents in grades nine through twelve who live outside of a military base were the primary or index participants in this study. The time frame for the study was one month of the 2016-2017 school year. The location was one public high school in the southeastern, United States with at least ten percent military adolescents. There are 33 schools in the designated public-school system. The percentage of military students per school ranges from zero to 44% (WCPS, 2016).

Question 1: How does the social context of the public- school environment contribute to effective coping or resilience of adolescents affected by parental deployment?

Question 2: What school resources have contributed to coping strategies used by adolescents during parental deployment?

- A. What is the school staff's perception of resources available?
- B. What is the MCAS's perception of resources available?

Definition of Concepts

Public school: "an elementary or secondary school in the United States supported by public funds and providing free education for children of a community or district" (public school. 2016. In *American Heritage Online*).

Resiliency: Much research on the concept of resilience has been done over the last several decades in multiple fields, such as medicine, nursing, sociology, and psychology, to name a few. Much of the earlier research was done with children and adolescents. There is no universally accepted definition of resiliency. An integrative review by Aburn, Gott, and Hoare (2016) cited

that Ann Masten, who has a background in child and adolescent development, was the most often cited researcher on the topic. According to Masten (2013) “children’s resilience depends on the adaptive functioning of their own internal systems as well as interactions among many other systems in their lives” (Masten, 2013, p. 200-201).

Deployment: “temporary (3-15 months) movement of an individual or military unit away from his or her local work site, resources, and family to accomplish a task or mission” (Siegel & Davis, 2013, p. 3).

Social context: the social environment or immediate physical setting and includes one’s culture, communities, peers, military bases, and attitudes in society (Astor, et al., 2013; Reference.com). Societal attitudes include lack of awareness about military service and negative attitudes from civilians (Ohye, et al., 2016).

Developmental crisis: one of “eight stages in life, each representing a fundamental opposition that needs to be resolved” (developmental crisis. 2016. In *Oxford Reference Online*).

Self-efficacy: “belief in one’s ability to achieve a goal or overcome an event” (Garcia-Dia & O’Flaherty, 2016, p. 239)

Social Support: “having at least one positive relationship with a significant person” (Garcia-Dia, et al., 2013, p.266).

Effective coping: “successfully dealing with an adverse event and still being able to live life to the fullest” (Garcia-Dia et al., 2013, p.267).

Integration of age-specific developmental tasks: “going to school and interacting with peers in a positive manner” (Garcia-Dia et al., 2013, p.267).

Antecedents precede the concept of resiliency. They usually refer to an adverse or traumatic event and must be interpreted as physically or psychologically traumatic (Garcia-Dia et

al., 2013). Attributes are characteristics most commonly associated with the concept (resiliency) (Garcia-Dia et al., 2013). Consequences are the “end-points that occur as a result of the antecedents and attributes of resilience” (Windle, 2011, p. 158).

Conclusion

This study addressed the gap regarding the experiences of adolescents who have experienced parental deployment but do not have some of the advantages that come with living on a military base, such as attending school on a military base. The majority of military children attend a public school located near a military base (De Pedro et al., 2011). Such is the case with the school included in this study. A focused ethnographic approach was used to examine environmental factors of adolescents who attend public schools and its relationship to effective coping or resilience with regard to parental deployment.

CHAPTER 2: REVIEW OF THE LITERATURE

The purpose of this study was to explore the environment of adolescents who attend public schools and its relationship to effective coping or resilience with regard to parental deployment. The review of the literature includes articles or publications that describe the emotional, behavioral and academic outcomes of adolescents affected by parental deployment, interventions provided for adolescents affected by parental deployment, and recommendations for adolescents of military families from national bodies such as the IOM and Healthy People 2020.

A review of research articles was conducted using MEDLINE via PubMed, PsychInfo, CINAHL, Google Scholar, One Search, and ProQuest data bases. Key search terms included: military adolescents, military children, parental deployment, resilience, and resiliency. All database sources included a nine-year time frame from 2007-2016. Only articles in the English language were included.

Adolescents comprise 25% of children affected by having at least one parental deployment within the last 14 years. The period of adolescence is well-known as a time of major physiological, mental, emotional, and psychosocial changes. Even in an ideal world these changes would be challenging. When coupled with deployment of a parent, these challenges may be intensified. Over the last decade or so, many research studies describe how these challenges impact adolescents. Multiple studies reveal negative as well as positive adaptation to these challenges. Military families share many characteristics that can mitigate these challenges, though these factors vary widely according to individual families. This literature review highlights findings related to adolescents ages 12-18 who have experienced at least one deployment of a parent, with a focus on the concept of resiliency.

Adolescents

Adolescents, children age 12-18, face many changes including physiological as well as emotional and psychosocial issues. First of all, they face the many physiological changes of puberty, which includes a rapid growth spurt, leading to increased metabolic demands with resulting increased nutritional needs. Furthermore, they are experiencing cognitive changes including learning to think abstractly (Milburn & Lightfoot, 2013). In addition, they develop primary and secondary sexual characteristics with increased levels of sex hormones which manifest as various physiological and emotional changes.

Psychologically, they face many developmental tasks including identity formation. Furthermore, many adolescents struggle with their sexual identity and may experiment sexually with individuals of the same or opposite sex. Furthermore, females are inundated with messages from all over, including the media, which tends to sell the image of the perfect female. These messages contribute to issues with body image and result in negative health behaviors such as bulimia and anorexia. On the contrary, there are a growing number of children and adolescents who suffer from obesity, which leads to all sorts of health problems, such as hypertension, heart disease, type-two diabetes, low self-esteem, and depression (Ball, et al., 2015).

In addition, adolescents often feel like they are invincible and may participate in risk-taking behaviors such as sexual promiscuity, alcohol and illicit drug use, unsafe driving practices, as well as many others. Furthermore, peers have a huge impact on this age group which puts them at risk for unsafe practices as well, in an attempt to fit in with others their age (Ball, et al., 2015).

Adolescents face spiritual and cultural challenges as well. They typically form friendships and often romantic relationships. In addition, they face educational challenges and

perhaps entering the work force. Furthermore, the development of increasing independence from parents, and increased networking with peers, places adolescents at the cross-roads between opportunity as a budding adult and increased risk for emotional disturbances, physical injury or death due to risk-taking behaviors (Alfano et al., 2016). Peers become increasingly important for adolescents at a time when they are searching for their own identity. Relationships with peers are necessary for them to establish their independence from parents (Strahan, L'Esperance, & Van Hoose, 2009).

However, the ability to form successful social relationships is highly influenced by their parents. Adolescents need for their parents to be there for them emotionally in order to develop successfully. Therefore, it is important for parents to be accessible (Milburn & Lightfoot, 2013).

All these physiological, psychological, and emotional changes can be challenging even in the most supportive and stable environments (Masten, 2013). The added stress of parental deployment may make these individuals vulnerable to adverse physiological and psychological health outcomes.

Impact of Parental Deployment

The critical developmental stage of adolescence may enhance vulnerability with regard to parental deployment. Whereas there is much in the literature about adolescent risk behaviors in civilian adolescents, much less is known about risk behaviors of adolescents in military families, particularly with regard to deployment (Maholmes, 2012). When facing deployment of a parent, adolescents may experience impaired identity formation manifested by emotional symptoms and behavioral problems. A study by Crow and Seybold (2013) examined the impact of developmental changes of adolescence coupled with the stressors of military life. The survey of 91 parent-young adolescent pairs with active duty fathers and nine mothers (dual military

couples), indicated that adolescents' perceptions of functioning and social support were consistently lower than that of their parents. They concluded that the rapid physical and cognitive changes along with the volatile nature of adolescent emotions can result in anger and situational depression. The added challenges of deployment may influence their perception of support (Crow & Seybold, 2013).

During adolescent development, adequate adult supervision is needed to deter risk-taking behaviors. But when a parent is deployed, the remaining parent may be busier due to taking on additional responsibilities during the deployed parent's absence. In addition, the parent at home may be hesitant to provide discipline in the deployed parent's absence to try and lessen the burden on the adolescent. In other cases, children are sent to stay with friends or relative, which significantly increases the risk for alcohol, tobacco, and illicit drug use (Alfano et al, 2016).

During parental deployment, there are decreased rates of routine care visits for military children, but more visits to specialists, urgent care and emergency care settings. Accordingly, civilian care providers are called upon to address their healthcare needs (Ling & Johnson, 2013).

Still, there is debate about the influence of a single deployment or a deployment of relatively short duration, versus deployment of longer duration or a series of multiple deployments with regard to the impact on adolescents (Alfano et al, 2016; Barker & Berry, 2009; Lester et al., 2010). Some researchers argue that deployments have a cumulative effect and that adolescents become less resilient with repeated deployments. Alternatively, other sources contend that resiliency builds with successive deployments (Alfano, et al., 2016; Beardslee et al., 2011; Bello-Uto & DeSocio, 2015; Chandra & London, 2013; Esposito-Smythers, et al., 2011; Sullivan et al., 2015).

Factors that adolescents face related to being in a military family and the potential deployment of one or more parents include: prolonged absence of parent, frequent geographic relocation, isolation from the civilian community, and uncertainty of death or disability of a parent (De Pedro et al., 2011). With regard to prolonged absence from parents, many jobs require parents to be separated from their children; but the unique characteristics of military deployment present heightened risk. For instance, when a parent is deployed to a war zone, communication may be limited in nature due to geographical location or matters of security. In addition, the potential of harm to the parent can potentiate such stress (Lincoln & Sweeten, 2011).

Furthermore, military children in civilian schools may feel isolated from their non-military counterparts (Easterbrooks, et al., 2013). Multiple studies report negative outcomes for these children, including emotional and behavioral adjustment problems, otherwise known as internalizing and externalizing behaviors in children. According to a quantitative randomized control trial of 10,606 adolescents in grades eight, ten, and twelve, emotional adjustment problems are defined as internalizing symptoms of depression that includes feelings of sadness, somatic complaints, withdrawal, depressed mood, changes in appetite, sleep disturbances, and thoughts of suicide. (Reed, Bell, & Edwards, 2011). Behavioral adjustment problems are defined as externalizing symptoms of depression that may manifest as aggression, oppositional defiant disorder, and suicide (Waliski, Bokony, Edlund, & Kirchner, 2012). The most common mental and behavioral health issues reported are attention deficit-hyperactivity disorder (ADHD), adjustment disorder, autism, and speech disorders (Johnson & Ling, 2013). Boys have been noted to display more behavioral problems, whereas girls tend to have more somatic complaints and internalizing symptoms such as depression (Waliski et al., 2012). Several studies also report increased illicit drug use, tobacco use, drinking, peer victimization, and weapon-carrying

behaviors. Furthermore, decreased academic performance has been reported among adolescents ages 13-18 during parental deployment (Alfano et al, 2016).

Adolescents in military families often take on additional roles when a parent is deployed. Focus groups in one study of 12-18 year olds indicated that increased responsibilities could either be a source of pride or fear. For example, helping the remaining adult with household responsibilities can induce a sense of pride in the deployed parent, or fear related to concerns that the deployed parent may not return home, or may return home a different person (Alfano, et al, 2016).

However, a single non-random control trial consisting of 20 Marine Corp School Liaisons concluded that most military youth are resilient, perform well in school, and make friends (Aronson & Perkins, 2013). A recent qualitative study of 33 early adolescents, ages 10-13, indicated three major themes related to a parent's deployment. These included changes to family life, challenges, and opportunities related to deployment. However, the study did not differentiate between adolescents who live on base versus off base (Knobloch, Pusateri, Ebata, & McGlaughlin, 2015).

Another significant predictor of adolescent well-being with regard to parental deployment is the psychological well-being of the non-deployed parent, particularly with respect to the remaining parent's coping mechanisms. The adolescent may perceive that the at-home parent is not coping well, or feel that they must help the parent cope with the absence of the deployed parent. This can place additional stress on the child especially if the adolescent takes on more household responsibilities or gives up extracurricular or social activities.

Severe punitive parenting practices and child maltreatment /abuse have been attributed to parental deployment as well. Rates of both child abuse and neglect are noted to increase during

periods of parental deployment (Alfano et al, 2016; Lincoln & Sweeten, 2011). Accordingly, the health and psychological well-being of the parents (both at-home and deployed) ultimately affects the health of the child (Cederbaum, et al, 2013; Cozza, 2015; McGuinness & McGuinness, 2014). Above all, the best predictor of child outcomes related to deployment is the coping of the at-home parent (Bello-Utu & DeSocio, 2015). Furthermore, secure bonding and attachment with the at-home parent, as well as the deployed parent, and stable parenting practices are best (Bello-Utu & DeSocio, 2015; Garcia-Dia et al., 2013; Maholmes, 2012).

In summary, developmental issues, number and length of deployments, roles transitions, living arrangements (base-vs. off-base), and overall well-being of the parents all determine the impact of parental deployment on adolescents.

Significance of Understanding Military Culture

Cultural practices are also thought to contribute to resiliency. The military culture can be viewed as a source of support for individuals, families, and communities. This seems to be especially true for military families who live on or near a military base (Masten, 2013). Characteristics shared by military family members include: frequent separations and reunions, regular household relocations, the “mission must come first” mindset, and the need for conformity and rigidity. The latter can lead to rebellion in adolescents, particularly those who attend public schools (Hall, 2011). Cultural practices are thought to contribute to resiliency. The military culture is unique and can be viewed as a source of support for individuals, families, and communities. This seems to be especially true for military families who live on or near a military base (Masten, 2013).

This study focused on the experiences of children ages 12-18, or adolescents. These individuals face many rapid developmental changes and tasks including identity formation in

several areas. According to the DOD, President Barack Obama made the well-being and emotional health of military families a top national priority in 2011 (Riggs & Cusimano, 2014). Although there has been a reduction in troops in Afghanistan and Iraq, the threat of war remains. Therefore, mental health problems are likely to increase for adolescents with military parents on deployments (McGuinness & McGuinness, 2014; Riggs & Cusimano, 2014).

While many studies have focused on the negative outcomes of parental deployment on adolescents, resiliency may be a concept important for positive outcomes. Research is beginning to focus on the positive outcomes for adolescents, particularly with regard to the concept of resiliency. Resiliency in this population has been noted to increase from one deployment to the next, due to coping skills learned from the first deployment. However, with the recent increase of extended and multiple deployments, resilience has decreased (Chandra & London, 2013; Esposito-Smythers et al., 2011). Therefore, this topic is important because it addresses a problem of particular interest to society such that it has been designated a priority by the President of the United States and the DOD.

There is a growing initiative by the President of the United States and the DOD to encourage civilian researchers, school personnel, and healthcare workers to collaborate with and engage in military communities. Military youth experience more negative outcomes than civilian peers particularly in middle and high schools, compared to civilian peers in the same school. In addition, military adolescents often have difficulty adjusting to new school environments. The average military adolescent will attend nine different schools during their kindergarten through twelfth grade education. Military children in public schools experience higher rates of substance use, mental health stress, violence, and victimization than their civilian counterparts (Astor et al, 2013). Accordingly, since most of these families live off military base and lack the resources of

those who reside on a military base, these adolescents may need increased support of family and community support networks and enhanced mental health services (Bello-Utu & DeSocio, 2015; Friedberg & Brelsford, 2011). Nurses need to become more familiar with military culture (Maholmes, 2012) and make positive connections with military liaisons, in order to provide for the needs of this unique population. Furthermore, family-centered interventions from various practitioners, such as school nurses in civilian and military settings, are needed to assess the needs of this population (Bello-Utu & DeSocio, 2015)

CHAPTER 3: METHODOLOGY

This chapter provides an overview of the purpose of this study including the research questions. The design and rationale are identified. Next there is a detailed explanation of study design, sampling strategy, and data collection methods. The data analysis plan is presented. Finally, credibility and validity strategies are described and limitations of the study are identified.

The purpose of this study was to explore the environment of adolescents of military families who attend public schools and determine its relationship to effective coping or resilience with regard to parental deployment. The research questions were:

Question 1: How does the social context of the public-school environment contribute to effective coping or resilience of MCASs affected by parental deployment?

Question 2: What school resources have contributed to coping strategies used by MCASs during parental deployment?

- A. What is the school staff's perception of resources available?
- B. What is the MCAS's perception of resources available?

Introduction

Military culture includes the provision of protective factors for families and communities. There is a sense of camaraderie among service members and their families. Furthermore, support from community or religious congregation, living on base, and use of military resources all contribute to resilience in adolescents (Bello-Uto & DeSocio, 2015). However, adolescents who attend public schools are subjected to another culture, the public-school environment (Astor, et al., 2013). The goal of ethnography is to understand a particular culture, in this case the public-school culture, through the perspective of adolescents of military families, to see the world

through their eyes. Then a description of what was learned, in a way that someone outside the culture could understand, is given.

Focused Ethnographic Approach

This study used a focused ethnographic approach to explore adolescent resiliency among adolescents who have experienced parental deployment in the context of the school environment. This design approach sought to understand how the public-school environment influences the health and well-being of adolescents of military parents. Whereas ethnography involves the description of a particular culture, (Spradley & McCurdy, 1972), focused ethnography is often used to evaluate information on a shared experience or a distinct problem within a specific context of a subcultural group, or small group of people within a culture (De Chesnay, 2015; Munhall, 2012). It involves fieldwork such as participant observation, formal and informal interviews, and examination of relevant documents, but typically of a more intense nature and shorter duration. In addition, it requires prior knowledge of the subculture and employs the use of electronic devices such as audio recordings. Furthermore, it is data intensive and involves a limited number of participants and episodic participant observation (De Chesnay, 2015; Cruz & Higginbottom, 2013; Knoblauch, 2005). Focused ethnography has been done by nurse researchers with applied knowledge to identify cultural factors to improve patient care in multiple settings, such as inpatient, community, long-term care, educational and correctional settings (De Chesnay, 2015). It can be used to discover how people from various cultures interpret health beliefs and practices, understand the meaning members of a subculture assign to their experiences, and study the practice of nursing as a cultural phenomenon (Cruz & Higginbottom, 2013).

Participants in focused ethnography are more often informants with in-depth knowledge and experience on the topic of interest, versus those with whom the researcher has developed a relationship with over time. Therefore, the researcher takes on more of an observer role versus participant role as with traditional ethnography (Higginbottom, Pillay, & Boadu, 2013).

Sampling Strategy

Participants were recruited from a public high school in eastern NC (grades nine through twelve) with the assistance of the school military liaison counselor (SMLC). A type of purposive sampling, known as typical case sampling, was used to inform recruitment. This type of sampling was used to identify participants who are representative of a phenomenon (Polit & Beck, 2012). The goal was to have a total sample of no more than five adolescents, as small sample sizes are characteristic of focused ethnography (Higginbottom, et al, 2013). Students were invited to participate in an in-depth interview.

Informed consent was obtained from parents, as well as assent from the adolescents. Attainment of parental consent is a legal and ethical issue and requires that the participants be made fully aware of any risks and benefits involved in the research process. If the child is mature enough to understand basic informed consent (around age 12 or older) then the child should be allowed to sign an agreement to participate. This is referred to as assent. This demonstrates respect of the child's right to self-determination (Polit & Beck, 2012). Inclusion criteria: English-speaking adolescents in grades nine through twelve who do not live on a military base and have experienced at least one parental deployment greater than or equal to six months to two years prior to the study. However, two participants were included who currently had a parent deployed and in the case of one participant, had experienced a parental deployment greater than two years prior to the interview, due to their willingness to participate. Potential participants were selected

by the SMLC based on inclusion criteria provided by the researcher. After completion of interviews it was noted by the researcher that a couple of the participants were experiencing a current parental deployment. In addition, one participant indicated on the demographic form that the most recent parental deployment was four years prior to the interviews. However, no adverse outcomes were noted by the researcher. Exclusion criteria: non-English speaking, non-military-connected students or students in grades less than nine, or students who live on a military base.

Data Collection Methods

Three data collection strategies were utilized in this focused ethnographic study: individual interviews, participant observation, and examination of relevant documents (Cruz & Higginbottom, 2013).

Individual Interviews

Individual interviews were the major data collection strategy. In depth interviews are used to gain cultural understanding and interpretation. The information was recorded in the form of field notes including the date, time, and location. Verbatim transcriptions of audio-taped interviews were produced (Munhall, 2012).

Once participants were identified, the researcher introduced herself, described the research study, and invited their participation. Individual interviews were conducted with adolescents that lasted approximately 10-16 minutes each. Along with the interviews, adolescents completed a brief demographic survey. The rationale for conducting individual interviews was to ensure freedom of expression. For the interviews, the researcher used a private office in the school to minimize disturbances and facilitate recording of the interviews. The researcher requested permission from each participant to record the interviews. The researcher used open-ended questions and added questions according to participant responses. The emic perspective was

desired, which is the perspective from the insider's, or adolescent's point of view (Polit & Beck, 2012). Questions asked during the individual interviews were as follows:

- 1) It must be a unique experience for you being a part of a military family while going to a civilian school. What is that like for you?
- 2) A. Describe the time your parent was deployed and what it was like for you.
B. How did coming to school here help/not help that experience?
- 3) Describe any challenges or problems you experienced during this time.
- 4) What positive things can you think of that occurred during that time?
- 5) Describe how you deal with problems when they occur.
- 6) Describe any cultural beliefs or practices you engaged in when your parent was deployed?
- 7) Are there things you wish you had done differently during that time?
- 8) What types of support systems do you have in the school?
- 9) Are there any clubs or other support systems available outside the school?
- 10) Other adolescents your age have reported being treated differently when their parent was deployed. Has that ever happened to you?

Additional questions asked during some of the interviews included:

- 1) Can you tell me more about that?
- 2) Do you have any other examples?
- 3) Can you think of anything else you forgot to add? Even if it's not related to these questions, do you have anything else that you can think of that would be unique about your experiences?
- 4) Can you think of anything you would like to share about being in a military family?

5) Do you have any questions for me?

The individual interviews took place in the public-school system in a rural county in eastern NC, with a high content of military adolescents who live off base. Data collection occurred during the school year during regular school hours. Data collection was facilitated by contact with the SMLC. The researcher also interviewed informants from the public school to gain an understanding of the social context. Four teachers and a coach/ interpreter were interviewed to reveal how school personnel view their role in support of the adolescent with deployed parents. Data collection and analysis occurred simultaneously. Follow-up questions were asked of the SMLC to clarify data collected from the staff interviews. The interviews were transcribed verbatim within a week of the interviews to preserve accuracy as much as possible. All data was coded and no names were identified. Transcripts were checked for accuracy prior to analysis.

Participant Observation

The physical and social environment provides the context. The researcher conducted participant observation in a public high school for several hours during the spring of 2017. Participant observation has two purposes; one is to engage in an activity, and the other is to observe the environment, other people, and activities. The researcher attended a meeting with the SMLC, other school personnel, and representatives from the base. Observation was unstructured to capture people in the natural setting. The researcher provided a brief explanation of the reason for the visits to relevant school personnel. The researcher gathered the following types of data: description of the physical setting, activities and interactions of people, and types of norms or rules observed. (Polit & Beck, 2012).

Examination of Relevant Documents

Policies and procedure manuals and other reference documents were reviewed with permission from the school's superintendent, who is responsible for reviewing and approving school entry from outside agencies. Study of documents revealed policies that are in place to support the military student. Information gleaned from such sources enhances understanding of the context and the perspectives and knowledge of the administrative staff regarding adolescents who experience parental deployment (De Chesnay, 2015).

Field Notes

Field notes are descriptive as well as reflective. The researcher took the time after each interview to write down as much as possible from recall (McCurdy, Shandy, & Spradley, 2005). Field notes are an essential part of ethnography. The process of writing field notes helps the researcher understand what has been observed. In addition, writing them can increase participation (Emerson, Fretz, & Shaw, 1995).

Observational notes.

Observational notes are objective and descriptive and identified dates, times, settings, types of participants, and activities observed. They helped capture the context, with a description of the site (Munhall, 2012; Polit & Beck, 2012).

Methodological notes.

Methodological notes describe what works and what does not work, and involves jotting down suggestions for future visits or interviews (Polit & Beck, 2012). Lessons learned from the pilot study were included as well. For example, a demographic form was created and inclusion and exclusion criteria were refined. For instance, any deployments that occurred less than or equal to six months prior to the study were initially decided to be excluded due to the belief that

students may be too emotional. However, some of the participants had parents who were deployed at the time of the interviews. These interviews were included due to their willingness to participate. No adverse events occurred during the interviews.

Personal notes.

The researcher kept a separate journal to write down any feelings or emotions that occurred during interviews or observations. Initial feelings or assumptions were also recorded prior to entering the field. This reflexivity can enhance the researcher's self-awareness during the research process (De Chesnay, 2015; Polit & Beck, 2012).

Data Analysis

Data analysis began with the first field notes, continued until completion of the study and relied on themes or codes produced during content analysis, as well as from memory (Munhall, 2012). Content analysis or thematic analysis is most commonly used to represent an experience or portrayal of reality. The facts of the case are not questioned and the language used is just a way of gaining access to the experience, and as such is not interpreted (Sandelowski, 2015).

Content analysis as a research method is becoming more widely used in nursing and other health professions. There are three types: conventional content analysis, directed content analysis, and summative content analysis (Hsieh & Shannon, 2005). Content analysis utilizes language as a means of communication, not as an interpretation, but focusing on the contextual meaning. Sources of data can include interviews, surveys, observations, or printed media, such as manuals. The goal is "to provide knowledge and understanding of the phenomenon under study" (Downe-Wamboldt, 1992, as cited in Hsieh & Shannon, 2005, p. 1278). The specific type of content analysis approach utilized is based on the study design and the phenomena being studied (Hsieh & Shannon, 2005).

Conventional content analysis was used in this study. This method is inductive and does not rely on an existing theory. Rather than relying on a preexisting theory or prior research, categories were derived from the data. Open-ended questions were used for interviews and subsequent questions were specific to each participant's responses. Data analysis began by reading the data repeatedly to allow for immersion. Exact words were highlighted in the text to derive codes. The researcher made notes in the margins to capture thoughts, impressions, and concepts. Codes were labeled and sorted into categories. Subcategories were derived as well. A matrix was then formulated to organize the categories and subcategories. Specific examples or quotations were extracted from the text (Hsieh & Shannon, 2005).

Credibility and Validity Strategies

The purpose of the study was explicitly explained to potential informants. To obtain trust, the researcher dressed casually and tried to adapt to language that is comfortable and familiar to the students. The researcher engaged the students in non-study related conversation prior to beginning interview questions to create a more relaxed environment (Christian, Pearce, Roberson, & Rothwell, 2010). Permission was obtained prior to recording the interviews (Johl & Renganathan, 2010).

According to Maxwell (2012), there are two threats to validity, bias and reactivity. Bias is the attitudes and beliefs the researcher brings into the study, whereas, reactivity pertains to the influence of the researcher on the study. Findings were reported in a self-reflexive manner so the findings speak for themselves. And finally, due to the importance of adhering to an explicit set of evidence, conclusions were based on data that was collected and analyzed fairly (Yin, 2011).

Reflexivity in qualitative research, particularly ethnography, promotes rigor. It is a process in which the researcher is obligated to describe the interactions among him/herself, the

methodology, the context, and the informants (Cruz & Higginbottom, 2013). In an attempt to *bracket*, the researcher kept a reflexive journal to write down any issues that may have interfered with the ability to minimize bias. First, the researcher wrote down any interests the researcher may have taken for granted in undertaking this research, such as obtaining a degree. In addition, the researcher noted any anxiety, guilt, or enjoyment perceived in collecting and analyzing the data. Furthermore, the researcher attempted to recognize any unmet needs regarding the research. When analyzing the data, the researcher took note of whether quoting one respondent more than another and attempted to avoid drawing conclusions based on previous knowledge from the literature review and the pilot study (Ahern, 1999).

The research was done methodically. Transcripts were read independently by three committee members and code words were identified from the transcript data. Inter-rater reliability refers to the degree to which two coders, working independently, agree on coding. Coding of information into categories was completed by three committee members (Polit & Beck, 2012). Data analysis was continued until consensus was obtained.

Summary

This chapter provided an overview of a focused ethnographic design to explore the environment of adolescents who attend public schools and its relationship to effective coping or resilience with regard to parental deployment. A type of purposive sampling, known as typical case sampling, was used to identify participants who were representative of the phenomenon. Three data collection strategies were used: 1) individual interviews, 2) participant observation, and 3) relevant documents. Field notes were recorded for all sources of data collection. Conventional content analysis was used to code and categorize the data into themes.

CHAPTER 4: RESULTS OF DATA ANALYSIS

This study explored resiliency in adolescents affected by parental deployment by examining the culture of the public school they attend. Adolescent and staff interviews, researcher observations, and review of physical artifacts served as ethnographic data. The chapter is organized by two specific research questions and major themes elicited through data collection. First of all, it gave insight into how the social context of the public-school environment contributes to effective coping or resilience of adolescents affected by parental deployment. It then identifies school resources that contribute to coping strategies used by adolescents during parental deployment. Furthermore, the second question was divided into the school staffs' perception of support in contrast to the adolescents' perception of support available. The research questions were answered relevant to the major themes and subthemes and examples are given (see Table 1).

Table 1

Themes & Subthemes

Themes	Subthemes
Constant change	New home
	New school
	New friends
	Adjustment to deployment
Varying Emotions	Positive
	Negative
	Mixed

Stigma

Quest for normalcy

Coping

Focus on School

Sports/other activities

Communication

Prayer

Finally, coping strategies utilized by military-connected students are described.

Participants included in the study had at least one parent currently serving in the military and all had experienced at least one parental deployment (see Table 2).

Table 2

Demographics of Student Participants

Characteristic	n
Sex	
Male	3
Female	2
Race	
African American	4
Caucasian	1
Age	
15	1
16	4

Parent Deployment

Current	2
Father only	1
Mother only	1
Both parents	3

Themes/ Subthemes

Major themes were identified including constant change, a variety of emotions, stigma, and a quest for normalcy. In addition, coping behaviors were identified. Constant change was a common thread. This included frequent relocation to a new home, school, and acquaintances. In addition, adjustment to deployment was a frequent event in the lives of these MCASs. Emotions identified included positive, negative and mixed. Stigma/stoicism was a characteristic noted in some of these individuals regarding their willingness to seek help, as well as how they wanted to be seen, treated, or identified. Accordingly, the MCASs appeared to strive for a sense of normality/ normalcy in their lives. Finally, these adolescents described activities in which they engaged to help them cope with the realities of being a MCAS. Presentation of findings were organized by research questions.

Research Findings

Question 1: How does the social context of the public-school environment contribute to effective coping or resilience of adolescents affected by parental deployment?

Social context surrounding the school can be defined as the social environment or immediate physical setting and includes one's culture, communities, peers, military bases, and

attitudes in society (Astor, et al., 2013; Reference.com). Societal attitudes include lack of awareness about military service and negative attitudes from civilians (Ohye, et al., 2016). Therefore, when MCASs relocate, they are faced with adjusting not only to a new school, but the surrounding community as well (Astor et al., 2013). Analysis of the data identified aspects of the social context that were supportive. These included the physical setting of the school, sports, clubs, the military culture, and groups with which the MCAS interact, including friends.

Physical Setting

The school lobby was bright and welcoming with bulletin boards, pictures and display cases. Pictures included one portrait of the US Navy Blue Angels and two portraits of the US Air Force Thunderbirds. All three portraits included signatures of the pilots. In addition, the lobby included a display case full of sports trophies and various bulletin boards containing school-related activities as well as extracurricular activities. Down various halls in the school, bulletin boards displayed various topics. One bulletin board contained career information including military careers. Another bulletin board contained information specific to ROTC.

Sports/ Clubs

The school houses approximately 1045 students, 16.13 percent of which are MCASs. The school grounds included multiple fields for sports. Various sports are available including cross country, football, golf, soccer, tennis, women's volleyball, basketball, swimming, wrestling, baseball, softball, track and field, and cheerleading. In addition, various clubs and organizations are available for students including National Honors Society, Relay for Life, and JROTC.

Sports is an aspect of the social context, were mentioned often by the MCASs as a way of coping. One MCAS commented, "Sports help me. Football definitely. I played baseball this year.

But I think sports helps me get through. And it gives me something to focus on, keep my mind off things, definitely.”

Military Culture/Change

Another aspect of the social context that facilitates effective coping was the military culture. A lifestyle related issue that accompanies the military culture is frequent relocation. Change is normal to these MCASs. Changes encountered include moving to a new home, sometimes from base to off-base, transitioning to a new school, making new friends and acquaintances, and having to say goodbye to a parent when they deploy. These MCASs are accustomed to frequent relocations, often not staying at one school longer than two to three years at a time. Some of these MCASs viewed this as a positive aspect of their lives. They described it as something you learn to live with and as a chance to meet new people, make new friends, see new things, and learn about new cultures. One MCAS described it as “just moving from place to place but, it’s like something you live with, kind of, man it just like sets in.”

Social Interaction

In addition, social context includes the groups with which people interact. With regard to interactions between students and staff, office staff were friendly and welcoming and staff and students interacted in a friendly manner. Students who entered the Student Services office were respectful toward staff in ways such as staying in front of the secretary’s desk and responding with ‘yes ma’am’ or “no ma’am.” Furthermore, students used appropriate titles when addressing staff such as “Mrs. Green.”

Furthermore, one of the most influential groups with which adolescents interact is their friends. Even though non-MCASs may not understand what MCASs are experiencing, one MCAS stated that they are a good support system. On the other hand, one MCAS stated that she

tends to hang out more with other MCASs due to having had similar experiences and the connection they have. Similarly, another MCAS commented that it is nice to meet people who have similar experiences, such as constantly moving.

Findings from student interviews indicated that the school environment was helpful to MCASs. One MCAS commented, “I like it here. Yeah, there is always something interesting happening every week. There’s never a dull moment.” Another MCAS stated, “Friends definitely. Um, teachers, coaches, yeah um, just coaches, teachers, and friends really help out that’s for sure. It’s better to have people to help you instead of being alone going through things.”

Emotions

Though not related to the social context itself, findings included the major theme of varied emotions. A variety of emotions were expressed by the MCASs including negative, positive, and mixed. Negative emotions included sadness, loneliness, and fear. Sadness occurred when a parent initially deployed as well as when relocating to a new school. The MCASs described deployment as being sad and hard. Female MCASs described outward signs of sadness such as crying, whereas male participants described how they were more likely to hide their emotions. Sadness and loneliness were also described in relation to missing the deployed parent and not being able or willing to talk with the parent who remained home. This usually referred to a parent of the opposite sex. For example, a male MCAS said, “I didn’t have like my dad to talk with about stuff and I didn’t want to share that kinds of things with my mom. See what I’m saying, I had to deal with those types of emotional things by myself.” Similarly, a female MCAS spoke of not being able to share things with her step-father.

Accordingly, MCASs reflected on their feelings relative to missing the deployed parent. The sheer physical separation from the deployed parent posed a challenge. The MCASs often expressed a desire to reach out to the deployed parent and seek advice or help to deal with issues at home. For example, one MCAS described a time when there was a very intense argument between his mother and one of his sisters and he reacted by texting his father, who was deployed at the time, to ask for help. He also said he missed having his father at home to fix things when they were broken. Accordingly, he spoke of having to take on the role of his father in his absence, referring to himself as the “man of the house.” He said, “I never say things that I wanted to say to him until like, after he’s gone. Well, since I can’t reach to him, I have to like say it to myself.” The same MCAS expressed regret over his father missing his wrestling matches and lack of communication with him.

Loneliness was also expressed regarding transitioning to a new school and having difficulty making new friends. Developmentally, peers are extremely important to adolescents. One MCAS described her experience of moving to a new school: “I was crying. I was really sad that me and my brother knew nobody. We were just alone in a town where everybody was friends with each other for a long time. So, it was like nobody wanted to talk to us because they didn’t know us.”

Fear was expressed both out of concern for the deployed parent, as well as in relation to a change in environment, such as transitioning from living on base to off-base. A major concern expressed by the MCASs was concern for the deployed parent’s safety. One MCAS stated, “growing up as a kid, like the war in Afghanistan and stuff like that, like bombs going off everywhere, and you got to think to yourself like ‘Oh my God, is my dad okay?’ And kind of

pray to God that he is okay.” Another MCAS said “It can be scary thinking that they might never come back.”

Another expression of fear was related to one MCAS’s experience of transitioning from living on a military base to living off-base. She stated that she felt safer when she lived on base. According to her, “living on base, for me, it seems safer to live on base because you know the guns, and the checkpoints. And then I moved off base, the first time I did, I felt really scared. And I said I felt like we needed an alarm system.” She also said that her brother took on the role of family protector. She stated “Yeah, like he got the garbage and protecting the house from intruders.”

With regard to descriptions of positive emotions, MCASs spoke of their experiences in positive terms such as fun, a good life, learning to become more social, and making a new start. The word *fun* was used by one MCAS as he recalled moving to a new place and meeting new people who had had similar experiences. One MCAS recalled having trouble adjusting to the most recent relocation. At the time, she was in middle school (eighth grade), but found the transfer to high school to be a new start for her. Another MCAS stated that she is considering a career in the military because she enjoys meeting new people and learning new cultures. Referring to a previous move overseas she said that “just facing different things I think it made me a different, stronger person.”

Sometimes the MCASs simply hid their emotions. For example, one MCAS said, “And I’ll be scared but just I just didn’t show it.” Other times they displayed ambivalence. For instance, one MCAS stated, “I don’t really think of my dad being deployed as a bad thing. So, I don’t think there’s like a purpose for me going there.” (referring to support systems available at the school). Just prior to that statement, the same MCAS spoke of praying for his father’s safety.

In addition, when asked to describe a time her parent was deployed and what it was like for her, one MCAS replied, “I don’t know how I felt about that. I mean I was sad; everybody was crying, but I was like, you know he has to do it. So, I didn’t cry or anything.” Another MCAS said, “Well, it’s kind of complicated. Um, it’s not really...well, it’s okay. It’s okay.”

Question 2: What school resources have contributed to coping strategies used by adolescents during parental deployment?

A. What is the school staff’s perception of resources available?

School staff interviewed included four teachers and one coach/ interpreter. They were questioned about support systems available for the MCAS. One example given was military day on which breakfast is provided for the MCAS. MCASs are also honored periodically throughout the year. For example, April is the month of the military child and the school provides various recognition events. One such event is Purple Up Day on which everyone is encouraged to wear purple to honor MCASs. MCASs are recognized in assemblies as well. Another example given was the Hearts Apart program. Hearts Apart is a program sponsored by the Airman & Family Readiness Center on base for military-connected families who have a deployed family member. Once a month on base they provide a meal, childcare, games, and other activities such as a bouncy house for kids. Local churches and civic organizations provide funding and services to support the activities. It provides a night out with child care for the parent who remains at home, as well as the opportunity to network with other military-connected families and make connections with the local community.

Another way MCASs are supported is through excused absences when a parent deploys, as well as on the day of the parent’s return so the MCAS can greet the parent on homecoming. Make-up work is provided. Student Services notifies teachers of upcoming deployments and

teachers often network regarding MCAS issues. Counselors are available any time issues arise. Guest speakers from the local military base are invited to speak on occasion. Military personnel also come from the base to proctor exams. This lets the MCASs know that they care about military families.

On a more personal level, teachers spoke of how they support the MCAS and included examples such as being a motivator, supporter, and helping MCASs succeed. They work with transfer MCASs by making sure they have content prior to testing that may not have been covered at the transferring school. In addition, if a teacher is concerned about a MCAS, the teacher will talk with the MCAS, notify the parents, and refer the MCAS to a counselor as needed. Examples include noticing a change of demeanor or behavior, such as absences, drop in grades, or decreased engagement. Accordingly, assignments may be modified or excused.

Furthermore, one teacher said that for the first ten minutes of every class he asks the class what they would like to talk about. Sometimes a MCAS will talk about having a parent just deployed. Another respondent said she tries to help non-MCASs understand what MCASs experience when a parent deploys. She also said that when coaching soccer, she has released a MCAS early to pick up younger siblings for her mother when her father was deployed.

The staff were also questioned about their knowledge of resources available outside of school hours. Most stated they were not aware of any resources other than what is available on base. However, one teacher mentioned a local business and a local community college that are supportive. In addition, the Civil Air Patrol is a volunteer organization for adolescents who are interested in aviation and learning leadership skills, but not necessarily interested in joining the military. They sponsor a one week long camp during the summer months. The Family Advocacy Program on base was also mentioned. It is sponsored by the DOD, and works to prevent

domestic abuse. They offer classes, workshops and seminars to educate military families on how to build positive relationships. Two of the staff also mentioned the school's ROTC program as being supportive.

Staff were also questioned about any potential barriers to support of the MCAS. Barriers identified include: the privacy act, security, and the military lifestyle. First, the identity of MCAS is not public record. Regarding security, one retired military respondent stated that it was a safety issue for MCASs to be singled out in the event of an act of terrorism.

A major barrier identified was communication. In other words, if the school is not aware of an upcoming deployment, then they cannot help the MCASs affected. For instance, a situation occurred when a parent was to deploy on a Monday and notified the school the previous Friday. Active duty members (i.e. parents) have certain things they must do prior to deployment, such as writing a will and a power of attorney should something happen to them. Notifying their child's school of an upcoming deployment may not be on their "to do" list.

The school provides multiple resources for MCASs. A form was noted on a display rack in Student Services office entitled *WCPS Military-Connected Students Data Collection Form*. In addition, multiple school board policies and procedures that specify support are available on line. These include: a policy titled *Children of Military Families*: According to this policy, each school principal is required to develop a means to identify and serve the unique needs of MCASs whose immediate family members are either active or reserve components of the Armed Forces of the United States. This includes recognizing the frequent transfer to a new school system due to a change in military assignments. In addition, the school board recognizes that children affected by deployment of immediate family members "may be at increased risk of emotional, psychological or other harm" (WCPS, 2017, p. 1). In addition, the school superintendent or

designee is required to comply with the Interstate Compact on Educational Opportunity for Military Children and educate school employees on the unique needs of MCASs to promote flexibility and cooperation among the school system, parents, guardians, and MCASs, to promote the well-being and educational success of these MCASs. The identity of MCASs is not public record (WCPS, 2017).

Another policy, *Attendance*: According to this policy, excused absences may be granted for visitation with MCAS's parent or legal guardian (at the discretion of the superintendent or designee) if the parent or legal guardian is active duty "and has been called to duty for, is on leave from, or has immediately returned from deployment to a combat zone or combat support posting" (WCPS, 2017, p. 1). In addition, the MCAS can make up missed school work (WCPS, 2017).

An additional policy, *Assignment to Classes*: According to this policy, in accordance with the Interstate Compact for Military Children, when a MCAS transfers before or during the school year, school administrators are required to initially honor placement in courses based on the MCAS's enrollment in the previous school, and the superintendent and school administrators are to be flexible in waiving course or program prerequisites (WCPS, 2017).

Military Interstate Children's Compact Commission (MIC3): the compact deals with the challenges of MCASs with their frequent relocations and allows for uniform treatment as they transfer between school districts and member states. The compact only applies to public schools. The MIC3 addresses key issues encountered by military families including eligibility, enrollment, placement and graduation. Military families frequently relocate between postings, which can be difficult for children. The average MCAS faces relocation challenges twice during high school and most MCASs will attend six to nine different schools from kindergarten to

twelfth grade. The Compact seeks to make transitions easier for these MCASs so they can have the same opportunities for educational success as other children and are not penalized or delayed in achieving their educational goals. The MIC3 works with the DOD, the Council of State Governments, national organizations and state leaders (Military Interstate Children's Compact Commission, 2017).

Official school transcripts often come from other states or overseas schools. MCASs may be placed incorrectly because some schools refuse to accept hand-carried copies until official transcripts are received. MCASs may be excluded from extracurricular activities that promote socialization and connectedness to their new school community. This can occur if MCASs enroll in school after tryouts, auditions, elections, or membership recruitments. In addition, MCASs may miss state mandated tests. Furthermore, due to circumstances related to deployment, MCASs may be placed in the care of designated guardians. The compact allows for transitioning MCASs to participate in extracurricular activities if qualified, regardless of application deadlines. "The intent of the compact is to remove barriers to educational success imposed on children of military families because of frequent moves and deployment of their parents" (Military Interstate Children's Compact Commission, 2017, p. 1) by facilitating timely enrollment and ensuring they are not placed at a disadvantage due to difficulty in transfer of education records from their previous school district or variations in entrance/ age requirements; facilitating eligibility for participation in extracurricular academic, athletic, and social activities; and facilitating on-time graduation (Military Interstate Children's Compact Commission, 2017).

The county school board also collaborates with active duty personnel from the base in conjunction with local businesses and members of the community, including parents. The

researcher attended a subcommittee focus group meeting on June 15, 2017. The name of the committee is the Communicating & Engaging Military Families Sub-Committee. Attendees included: Director of Communication Services/Public Information Officer; member of Military Affairs Steering Committee & Chair (of the county) Education Network (retired community college President); Master Sergeant on staff at the military base; guest parent; Reserve Major (former active duty) and his wife (military parents); Major and F-15E pilot and point of contact for MIB Education (Make It Better Campaign at the military base); middle school principal (MCAS's population approximately 15%); Family Readiness Specialist at the military base Family Readiness Center & point of contact for School Liaison Officer position; elementary school counselor (MCAS's population approximately 40%); elementary school principal (MCAS's population approximately 40%); SMLC; and myself.

The major topic discussed was information-sharing with the goal of facilitating communication between the schools, the base and military-connected families. MCAS support was also discussed. An example of a proposed idea would be for a school to have a welcoming banner for a new MCAS.

The main topic pertinent to military-connected families was described related to the county's public-school website. Support for military families with disabilities was discussed. In addition, it was suggested by one committee member that the site be more user-friendly for teachers, as well as parents, regardless of their technical preferences. Power school was discussed with the intent to inform parents about it and how to access and use it. Power school is an online application that enables parents to access and track their child's grades and attendance. Furthermore, school enrollment information and polices should be available and accessible for parents who relocate to the area. Currently military families new to the area get their information

by word of mouth or third-party websites. Items to be included on the site include: a readiness checklist for deployment regarding pre-deployment briefing, deployment support groups, and the Hearts Apart program (described earlier by one of the staff).

The sub-committee also discussed a new form for military-connected families to welcome them to the county school system. They also discussed a proposal to include an electronic welcome packet containing information about the SMLC and the schools, for new families with school-aged children. In addition, the SMLC is currently working on development of a school enrollment packet.

Military liaisons are the primary link between military bases, local schools, and transitioning families and serve as the primary point of contact for school-related matters (DoDea, 2017). Each military base has a point-of-contact that advocates for the educational needs of MCASs. The researcher worked closely with the SMLC in gaining knowledge about the school in this study and her role. The SMLC facilitated the contact with the school and the participants. The mission of the SMLC is “to research, develop, and implement programs and practices that will support the military student.” (WCPS, 2016, p.2). Support groups are provided periodically at the schools, particularly when a large group deployment is anticipated.

B. What is the MCASs’ perception of resources available?

Stigma

Stigma/stoicism was noted in some of these MCAS’s responses regarding their hesitancy to seek assistance or related to how they wanted to be treated. An example of this was when a MCAS used the third person when answering some questions. The student used the pronoun “you” instead of “I.” In addition, all the MCASs were aware of the availability of counselors, but only one MCAS admitted to seeking help from a counselor, and that occurred when she was in

middle school. As noted above, one MCAS said he did not see the need to seek assistance. Another MCAS said, “No, I didn’t need any support.” This contrasts with the views presented by the staff who were interviewed. Teachers perceived themselves as being very supportive to students. They described themselves as being in full support of the MCAS. In addition, counselors are available on site as well.

Most of the MCASs expressed hesitance to seek assistance from counselors. When questioned about the availability of assistance for dealing with problems, they either said they were not aware of assistance, or that they were aware it was available, but had not personally taken advantage of it. Most of the MCASs stated or implied that they just wanted to be perceived as normal and not singled out or treated differently. One MCAS commented that people at school noticed her grief and were supportive of her. As a result, she could return to her usual routine.

Coping

Although the MCASs did not acknowledge that they took advantage of available resources, they coped by not dwelling on small things; facing their problems and trying to work through them; focusing on school or sports; modeling or seeking help from their deployed parent; and seeking help from teachers, coaches, and friends. MCASs engaged in activities such as church camp, going to the YMCA, or simply spending time with family and friends. Communication was also a method of coping. MCASs communicated with friends, parents, school staff, God and themselves. Prayer was mentioned by three out of five participants. MCASs communicated with the deployed parent via phone calls, Skype, Facetime, and letters. One MCAS said that he says to himself things he cannot say to his father when his father is

deployed. Communication with the deployed parent was often difficult due to different time zones.

Quest for Normalcy

Another common theme was a quest for normalcy. Several MCASs used the word *normal* when describing their daily experiences. For example, one MCAS stated that public school is normal for her. Another MCAS described a deployment experience as “normal everyday life.” Another MCAS recalled a difficult time during deployment. “I think in the beginning once people saw me crying and stuff in the classroom they definitely were more nice to me and then, you know, after I just went back to normal.” In addition, one of the staff interviewed stated that these MCASs just want to blend in and not be singled out.

Summary

Major themes identified included constant change, a variety of emotions, stigma, a quest for normalcy, and coping. Constant change was a common thread. This included frequent relocation to a new home, school, and acquaintances. In addition, adjustment to deployment was a frequent event in the lives of these MCASs. Emotions identified included positive, negative and mixed. Stigma/stoicism was a characteristic noted in some of these individuals regarding their willingness to seek help, as well as how they wanted to be seen, treated, or identified. Accordingly, the MCASs appeared to strive for a sense of normality/ normalcy in their lives. Finally, these adolescents described activities in which they engaged to help them cope with the realities of being a MCAS.

However, there is a discrepancy in the level of support presented by the school staff and the perceived support by MCASs. Teachers and ancillary staff provide support to MCASs. Counselors are available as needed. MCASs are recognized periodically. Only one staff member

expressed the view that MCASs should not be singled out. Policies are in place that recognize that MCASs may be at increased risk for emotional and psychological harm and strive to promote flexibility, wellbeing, and educational success for MCASs. In addition, members of the school board, base, and community unite in support of the MCAS.

On the other hand, the MCASs interviewed were reticent to reach out for support. Perhaps reticence may be related to the developmental stage of the MCAS. One MCAS said that she sought out assistance when she attended middle school. Perhaps MCASs would be more receptive to assistance if it were presented in groups rather than singling out an individual student. One student said she wished that she had been introduced to other MCASs when she had first relocated to the area. According to her, “I feel like the school-they should do something for military children. Like if there’s a new kid coming from overseas because of the military, they should like get some other military children to talk to them and have them hang out with them, same lunch and everything. If I had that in middle school I would have been a lot better.” Research has shown that interventions targeted at military families are more acceptable and less stigmatizing than targeting individuals (Lester & Flake, 2013). Perhaps the same principle could be applied to groups of students versus the individual student.

In conclusion, the MCASs in this study demonstrated resilience in terms of the constant changes they experience as result of being a MCAS. They express a gamut of emotions in dealing with everyday life among the turmoil of adolescence and the challenges of having one or more parents who are active in the military. They strive to be normal kids who do normal things with normal people. They immerse themselves in many activities in and around the public-school environment to live their lives to the fullest. The next chapter includes a summary of the study,

provides insights discovered, as well as limitations and implications for further research. And finally, applications to nursing practice and education are provided.

CHAPTER 5: DISCUSSION, CONCLUSIONS AND FUTURE RESEARCH AREAS

This chapter provides discussion and conclusions relevant to the research findings and presents recommendations for future research. The purpose of this study was to explore the environment of adolescents who attend public civilian schools and its relationship to effective coping or resilience with regard to parental deployment and stage of development. A focused ethnographic approach was chosen to understand the shared experience of this subculture. The data presented in this study were derived from questions asked of interview participants, as well as from documents and participant observations. The research questions were:

Question 1: How does the social context of the public-school environment contribute to effective coping or resilience of adolescents affected by parental deployment?

Question 2: What school resources have contributed to coping strategies used by adolescents during parental deployment?

A. What is the school staff's perception of resources available?

B. What is the MCAS's perception of resources available?

To answer the first research question, the researcher chose a public high school in eastern NC with a high number of MCASs who experienced parental deployment and live off base. The school is also the second largest of nine high schools in the county (WCPS, 2016). The researcher observed the physical environment of the school and noted interactions between the staff and students. The researcher also conducted individual interviews with five students to obtain their views about having experienced parental deployment. The researcher gained insights into other common occurrences in their lives, such as frequent relocation. Common themes among the students were analyzed with the assistance of the dissertation chairperson and another member of the dissertation committee. Question two has two parts (staff perception and student

perception). To obtain staff and school perception, the researcher interviewed five staff members from the school. In addition, the researcher analyzed documents, including policies which apply to MCASs. The researcher also attended a meeting with representatives from the public-school system, as well as representatives from the base. A few parents of MCASs were present as well. In addition, the researcher worked closely with the SMLC. To obtain student perceptions, the researcher analyzed student interviews. In this final chapter, the researcher synthesized the data and presented a theory of resilience based on the analysis. First, the interview findings were briefly summarized.

Data analysis revealed five common themes: constant change, varying emotions, stigma, quest for normalcy, and coping. First, constant change is common for MCASs and involves frequent relocation to a new home, new school, and new friends, as well as adjusting to living with one parent while the other parent deploys for months or years at a time. Relocation occurs as often as every two to three years. Deployment can occur frequently as well, often with little advance notice to the families involved.

Emotions are varied and include negatives such as sadness, loneliness, and fear. Sadness occurs when a parent initially deploys, as well as occurring at times throughout the deployment. Sadness also occurs at times when relocating to a new home or school. In addition, loneliness was found to be related to parental deployment when the adolescent must cope with the physical separation of the deployed parent and the infrequency of communication with this parent. Loneliness also occurs when a student relocates and is faced with navigating a new environment, as well as making new acquaintances. In addition, fear was expressed regarding concern for the deployed parent's safety, as well as when relocating to a new home off base, as opposed to living on base. One student said she felt much safer living on base. Positive emotions were expressed as

well. Students enjoyed learning about new cultures and meeting new people. Furthermore, emotions were sometimes mixed or simply hidden.

Most participants associated stigma with reluctance or unwillingness to seek assistance available through counseling. All the students were aware of the availability of resources for MCASs, but chose not to take advantage of them. The only exception noted was when one participant said she went to see a counselor when she was in middle school. However, most of the MCASs interviewed stated that they participated in sports and other extracurricular activities, which were helpful, and available to all students, not just MCASs. Accordingly, all the participants indicated that they wanted to live a normal life just like non-MCASs.

Coping behaviors were identified. These included things such as facing their problems, focusing on school work or extracurricular activities, and spending time with family and friends. Communicating with the deployed parent assisted with coping as well. Activities students engaged in included various sports, going to the YMCA, and attending camp. Some of the participants commented that people at the school, including students and staff, were helpful to them when they were facing challenges unique to MCASs. This is an exemplar of an informal resource available for MCASs.

Comparison of Themes to Previous Research

Frequent change in the lives of MCASs is well-documented. Active duty families tend to relocate every two to three years (Lester & Flake, 2013). According to a systematic review by Riggs and Cusimano (2014), children from active-duty military families may move more than twenty times during their childhood. Relocating involves moving to a new home, sometimes from base to off-base or vice versa, adjusting to a new school, and making new friends. MCASs may relocate six to nine times during their school career (Alfano, et al., 2016). One of the most

challenging aspects of moving, for adolescents, is having to leave friends behind and make new friends (Mmari, Bradshaw, Sudhinaraset, & Blum, 2010).

Friends are very influential in the lives of adolescents (Strahan, L'Esperance, & Van Hoose, 2009). Many MCASs find other MCASs to be more supportive than non-MCASs. Although support from extended family and friends is helpful, MCASs often desire support from those who are going through the same experience (Yablonsky, Barbero, & Richardson, 2016).

A variety of emotions were expressed by the MCASs including negative, positive, and mixed. When a parent initially deploys, MCASs often experience intense emotions including sadness and feelings of isolation. The findings of a meta-synthesis of 19 studies of military family perspectives related to deployment cycles, also found varied emotions (Yablonsky et al (2016). Common emotions experienced by MCASs during deployment include a sense of sadness, loneliness, isolation, grief and fear (Yablonsky et al., 2016). A systematic review by Lester and Flake (2013) also indicated that when a parent deploys, adolescent emotions often intensify, leaving MCASs feeling overwhelmed, sad or anxious. Accordingly, qualitative studies related to adolescent coping with parental deployment indicated that adolescents ages 11-19 may exhibit sadness, more frequent crying and hiding their emotions (Bello-Utu & DeSocio, 2015). In an ethnographic study with parents and school personnel from public schools representing eight bases and four military branches, focus group data indicated that adolescents often have difficulty expressing their emotions (Mmari, Roche, Sudhinaraset, & Blum, 2009).

Also, consistent with previous research, the physical separation from the deployed parent posed a challenge for participants. During periods of deployment, the MCASs lacked a primary caregiver who was one of the MCAS's usual resources for dealing with stress (Lester & Flake, 2013). In previous research, communicating with the deployed parent posed a challenge as well.

Time zones, inadequate equipment, and secrecy issues often interfere with communication with the deployed parent. In addition, the deployed parent may be hesitant to disclose information about dangerous situations. All of these factors can influence the frequency and quality of communication (Yablonsky et al., 2016).

On the other hand, MCASs also spoke of their experiences in positive terms. In a systematic review of 155 peer-reviewed articles, De Pedro et al., (2011) found that frequent relocation was not necessarily detrimental to MCASs and that they adjusted quite well. These transitions may be viewed as opportunities for personal growth and adventure (Lester & Flake, 2013).

Concern for the deployed parent's safety was also noted in the literature. According to Riggs and Cusimano (2014), children experienced fear and anxiety when a parent deployed to a combat region. MCASs worry whether the parent will return another person or not at all (Yablonsky et al., 2016). Furthermore, the unavailability of the parent posed a threat to the family's sense of safety (Riggs & Cusimano, 2014). Accordingly, the issue of fear related to not living on base is not new. Many families report feeling safer on base both emotionally and physically (Mmari et al., 2010). In a survey of eight military-connected school districts in 2011, DePedro, Astor, Gilreath, Benbenishty, and Esqueda (2014) reported that MCASs have more negative perceptions of school safety than non-MCASs.

The theme of stigma related to seeking assistance or not wanting to be singled out is also congruent with previous research indicating that there is stigma associated with mental health services (Lester & Flake, 2013). According to an ethnographic study by Mmari et al., (2009), some adolescents stated that they did not want to be singled out and reminded that their father was gone. Furthermore, the desire these adolescents have to just live normal lives has been

documented as well. In the Mmari et al., (2009) study mentioned above, in focus group interviews, several mothers of adolescents stressed the importance of establishing “normalcy” and maintaining a routine schedule (Mmari et al., 2009).

The issue of MCASs either not being aware of or not taking advantage of available support can also be linked to previous studies. In their study of adolescents affected by parental deployment, Mmari et al., (2010) indicated that even though services were available on base, very few families used them. Sometimes the issue was that the families were not aware of them. In addition, in a similar study, adolescents stated that they did not find counselors at the school to be very helpful, in that they cannot really help or change the situation (Mmari et al., 2009). Furthermore, the same study indicated that MCASs fared better when paired with other MCASs for support (Mmari et al, 2010).

Coping behaviors identified in this study are congruent with previous research and include: facing problems head on; modeling or seeking help from the deployed parent; focusing on school or sports; seeking help from school staff, family or friends; or engaging in other activities such as camp or going to the YMCA. Communication is another coping activity. Spiritual support has also been documented. According to a qualitative meta-synthesis of 19 studies published between 2004-2013, when a parent is deployed, coping strategies used by family members who remain home include staying busy, continuing children’s previous activities, and relying on spiritual beliefs (Yablonsky et al., 2016). Similarly, in a quantitative study by Mancini, et al. (2015), a survey of 273 families indicated that social support is an important protective factor against negative emotional symptoms. In addition, according to a systematic review of qualitative studies by Astor, et al. (2013), MCASs benefit from supportive and caring relationships with teachers and peers. Thus, the MCASs adjust better to change,

exhibit lower rates of school violence, and are more likely to trust authority figures and seek help for bullying and threats of violence (Astor et al., 2013).

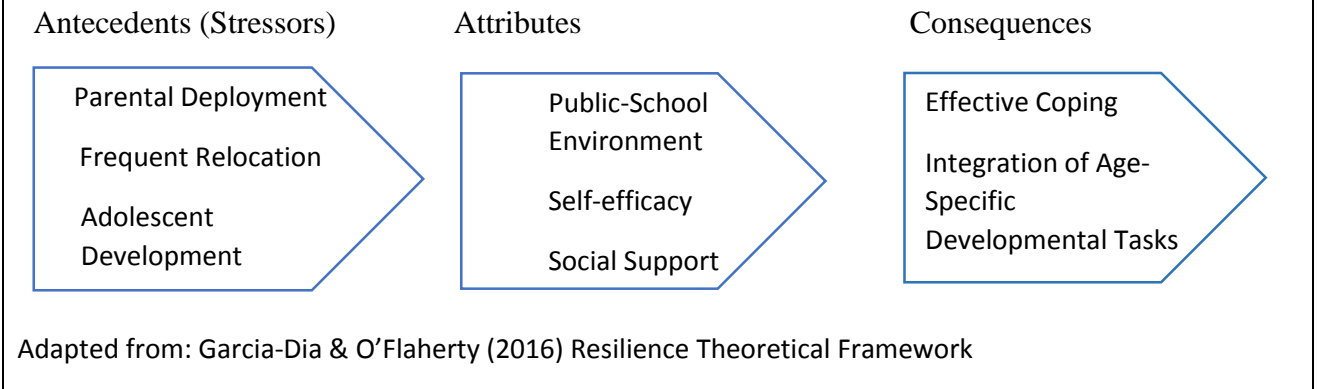
Theoretical Implications

As discussed in chapter one, resilience encompasses a wide range of outcomes, not just on superior functioning of an individual (Windle, 2011). Adaptation and development is influenced by both genetic and environmental factors. For children, the attainment of certain developmental tasks is often seen as normative or universal. Other accomplishments are related more to culture or context, as in the case of this study, the military culture and the public-school environment (Masten, 2013). Adolescent resilience has many definitions and includes descriptors such as hardiness, sustained competence, positive adjustment, invulnerability, and successful adaptation to a changing environment despite adversity (Beardslee, et al., 2011). Other terms that have been interchanged with resilience are self-efficacy and persistence (Lucier-Greer, et al., 2014). Resilience is a combination of an individual's personal characteristics and factors in the environment and can vary over time. Resilience can occur in some areas and not others. For instance, a student may perform well in academia, but lack interpersonal skills. Furthermore, adolescent resilience develops through finding ways to deal with stress, which can increase self-confidence. Adolescent resilience typically develops following repeated stressors (Easterbrooks, et al., 2013; Lin, et al., 2013).

A schematic representation of the resilience theoretical framework by Garcia-Dia and O'Flaherty (2016) was used to guide this study. According to the resilience theoretical framework, antecedents are any adverse event or threat that can compromise one's ability to cope and must be interpreted as physically or psychologically traumatic (Garcia-Dia & O'Flaherty, 2016). Antecedents precede the concept of resilience. Prior to completing this study,

antecedents added to the framework were parental deployment and adolescent development. One finding of this study was frequent relocation, and was viewed by MCASs as stressful. The adolescents in this study sought to find ways to cope with relocation. Therefore, frequent relocation was added to the framework. Attributes are qualities or characteristics one possesses. Attributes are characteristics most commonly associated with the concept of resilience (Garcia-Dia, et al., 2013). Initially, the attributes to be used in the study were self-efficacy and social support. After completing the study, the researcher decided to add the public-school environment, since that was the primary focus of the study. According to Astor, et al. (2013), few studies have examined the role of positive school environments on the social, emotional, and academic outcomes for MCASs. They contend that there are factors within the school environment such as principal leadership, teacher and peer awareness and support, and school climate, which affect MCASs. Additional factors such as school type (elementary, middle, or high), size, and mission need to be examined relative to their influence on school climate and development of MCASs (Astor et al., 2013). In their social-ecological framework, Astor et al., (2013) stress the importance of a positive school environment as an attribute that promotes resilience. Consequences are the results of a condition or action. Consequences of effective coping with the sub-category of integration of age-specific developmental tasks remained the same. Consequences are the “end-points that occur as a result of the antecedents and attributes of resilience” (Windle, 2011, p. 158). (See Figure 2).

Figure 2: Adolescent Antecedents, Attributes, & Consequences



Contributions of the Research

This research is significant because it helps fill a gap in the literature related to the experiences of adolescents affected by parental deployment in the context of the public-school environment. Although much research has been done on military-specific stressors and developmental stressors on adolescents, few studies have focused exclusively on the context of the public-school environment and its influence on MCASs.

This study analyzed the experiences of adolescents in a public school and its relationship to effective coping or resilience in the lives of these MCASs. The data show that these adolescents exhibit resilience. However, there appears to be a discrepancy between perceived support by students versus that perceived by staff. Furthermore, there is stigma associated with seeking mental health services. Previous findings, though limited in number and scope, have documented similar findings. The next section contains suggestions for applying and expanding on the findings discussed in this chapter.

Implications for Nursing Practice and Education

Based on these findings, nursing practice can be enhanced when the assessment includes status of parental deployment. In the school setting, the school nurse should be aware of when

deployment occurs and how deployment influences adolescent feelings and emotions.

Developmental transitions make this time more sensitive to contextual influences when physical and behavioral problems may begin or escalate (Healthy People, 2020). Since school nurses are in the best position to assess and provide for the needs of this unique population, they need to become more familiar with military culture and collaborate with military school liaisons (Bello-Utu & DeSocio, 2015; Maholmes, 2012). In addition, military members and their families are often seen in civilian settings for their healthcare needs, particularly in rural settings (Ling & Johnson, 2013). Therefore, nurses in a variety of settings should enhance their nursing practice by incorporating parental deployment as part of the assessment process.

Regarding nursing education, curricula should be evaluated for concepts related to military adolescents and families in pediatric or related courses, and ensure that aspects of resilience and parental deployment are addressed. Integrating features of the military culture into the nursing curriculum will address the unique health care needs of this population. Clinical opportunities in schools, rural and community health centers, and Veterans Administration clinics can provide valuable settings to apply these concepts.

Limitations

This study was limited by the fact that it only involved one school in one county in eastern NC. In addition, the adolescents only represent children from parents in one of the armed services, which restricts the generalizability of the research. Furthermore, the length of the study was limited. Data collection from interviews occurred over a one day period due to difficulties encountered identifying participants who met inclusion criteria, and time constraints of students and staff availability for interviews. Accordingly, children are a vulnerable population, which limited control of the researcher. Also, the study was limited in that it is cross-sectional in nature.

More research is needed with adolescents to determine patterns such as may be revealed through longitudinal studies of the same individuals over time. In addition, MCASs interviewed were volunteers, so if there were any MCASs at the school who had experienced major negative consequences, they may not have volunteered to participate. Broader access to data would be helpful, but is not possible due to confidentiality issues. Another limitation is that this study did not differentiate the numbers and lengths of deployment experienced by these MCASs. The demographic sheet developed by the researcher included a question about length of deployments but not total number of deployments. Furthermore, it is difficult if not impossible to separate the effects of current vs. past deployments. And finally, due the self-reported nature of the data, there may be incomplete or inaccurate information.

Recommendations for Further Research

Further research is needed with adolescents, as well as military-connected children of all ages in other schools and with other branches of the military, including the National Guard and Reserves. Studies with MCASs of veterans may also illicit information to assist MCASs who are currently dealing with issues related to deployment or will in the future. Interventions could then be initiated with the goal of strengthening resilience.

Conclusions

The intent of this study was to explore the environment of adolescents who attend public schools and its relationship to effective coping or resilience with regard to parental deployment. Using semi-structured interviews, review of documents, and participant observation, this study generated thick descriptive data. The findings of this study were reflective of previous studies, and contributed to the previous findings that the public-school environment contributes to effective coping or resiliency in adolescents affected by parental deployment. However, even

though the school system is making the effort to support the students by providing a positive school environment, there appears to be a lack of knowledge on the part of the MCASs in that they do not see support applicable to them. Perhaps an intervention such as the buddy system that would focus on pairing transferring MCASs with other MCASs would be more beneficial to these adolescents. These findings can inform interventions to enhance resiliency in MCASs who attend public schools.

Donald Patrick “Pat” Conroy, well-known American author and military brat, was well-accustomed to military life and attended 11 schools by the age of 15.

The gathering of fighting men would be thanking their children, their fine and resourceful children, who were strangers in every town they entered, thanking them for their extraordinary service to their country, for the sacrifices they made over and over again...military brats...spent their entire youth in service to this country and no one even knew we were there (Conroy,1991, p. xxv)

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APPENDIX A: UMCIRB APPROVAL

EAST CAROLINA UNIVERSITY
University & Medical Center Institutional Review Board Office
4N-70 Brody Medical Sciences Building · Mail Stop 682
600 Moye Boulevard · Greenville, NC 27834
Office 252-744-2914 · Fax 252-744-2284 · www.ecu.edu/irb

Notification of Amendment Approval

From: Social/Behavioral IRB
To: [Joyce Buck](#)
CC: [Kim Larson](#)
Date: 12/5/2016
Re: [Ame1_UMCIRB 16-000100](#)
[UMCIRB 16-000100](#)
Understanding Adolescent Resiliency during Recent Parental Deployment

Your Amendment has been reviewed and approved using expedited review for the period of 12/3/2016 to 3/19/2017. It was the determination of the UMCIRB Chairperson (or designee) that this revision does not impact the overall risk/benefit ratio of the study and is appropriate for the population and procedures proposed.

Please note that any further changes to this approved research may not be initiated without UMCIRB review except when necessary to eliminate an apparent immediate hazard to the participant. All unanticipated problems involving risks to participants and others must be promptly reported to the UMCIRB. A continuing or final review must be submitted to the UMCIRB prior to the date of study expiration. The investigator must adhere to all reporting requirements for this study.

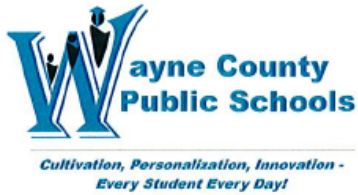
Approved consent documents with the IRB approval date stamped on the document should be used to consent participants (consent documents with the IRB approval date stamp are found under the Documents tab in the study workspace).

The approval includes the following items:

Document	Description
Assent-Template-12-17-years-of-age-Fall 2016.doc(0.02)	Consent Forms
Demographic data for participants.docx(0.01)	Surveys and Questionnaires
Dissertation Study Protocol.docx(0.03)	Study Protocol or Grant Application
Individual Consent Form(0.02)	Consent Forms
Individual Interview Script(0.01)	Interview/Focus Group Scripts/Questions
Military Adolescent Individual Interview Script.docx(0.03)	Interview/Focus Group Scripts/Questions
Parental-Permission-Form-Fall 2016.docx(0.02)	Consent Forms
Faculty Advisor Added: Schreier	

The Chairperson (or designee) does not have a potential for conflict of interest on this study.

APPENDIX B: LETTER OF PERMISSION FROM DR. DAVID LEWIS



Superintendent
Dr. Michael J. Dunsmore

March 22, 2016

Board Chairman
Don Christopher West

Board Vice-Chairman
Arnold L. Flowers

To: Joyce Buck

Members
Patricia A. Burden
Dr. Dwight B. Cannon
Richard W. Pridgen
Edward L. Radford
Jennifer S. Strickland

Re: Permission to Conduct Research in Wayne County Schools

Your request to conduct research in Wayne County Public Schools is approved. We understand that students are under no obligation to participate. We request you share your findings with us upon completion, as we believe this research may help us better serve our students.

If you have any questions or need further assistance, please let me know.

Sincerely,

David A. Lewis, Ed.D.
Assistant Superintendent for Accountability / Information Technology
Services

Cc: Dr. Michael Dunsmore, Superintendent

