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James Blount

Findings among army researchers, many of whom have published their work on Army Knowledge Online (AKO), have consistently shown that children are affected negatively by the deployment of their parents to Iraq or, for that matter, any war. This is cause for great concern as the War on Terror could go on for many, many years to come. However, since it is known in general what the negative effects on children are, strategies and techniques have been formulated to offset the damage done to children. Some of the questions that remain to be answered follow: At what ages are children most vulnerable to the negative impacts of deployment? What family systems are more vulnerable to the negative effects of deployment? What are the attitudes of children towards the stay behind parent? What is the impact of the length of the parents’ marriage on the stability of children during deployment? Answers to these questions and others can help to narrow the focus for intensive treatment of those families in need. It is understood that, although the identified patient is the child, everyone in the family is likely symptomatic.

Review of the Literature

The impact of combat stress/trauma on children can be devastating. Children reflect the emotional climate of the marriage relationship; persons with post traumatic stress disorder can have difficulty rebonding with the spouse and children. Over-regulators of emotion fear they may explode, and so may avoid their children, and under-regulators of emotion may explode and project much of their repressed anger at their children, and in extreme cases, become violent. Those cases whose emotional volatility turns to violence must immediately receive professional help; they will not get better with time (Sneath, 2005).

Unfortunately, some children may have great difficulty adapting to the stress of a deployed parent. If they are unable to return to at least some part of their normal routine or display serious problems over several weeks, a visit to the family doctor or mental health counselor is indicated. Children of deployed parents are also more vulnerable to psychiatric hospitalization especially in single-parent and blended families (Schmidt, 2004). Looking at demographic trends gives an indication of the magnitude of this issue. In the two decades since the military became an all-volunteer force, the number of military family members has outnumbered service members 60% to 40%. The profile of military families is changing. Today approximately 55% of service members are married and more than 630,000 service members have children that collectively total 1.2 million. The number of single parents is at 6%, up from 3.7% in 1989; the majority (73%) of children in military families are 11 years of age or younger; 39% are below the age of 6. At present, there are approximately 34,732 dual-military couples with children and 83,564 single parents (Military Family Resource Center, 2005).

Group Plan

The target group will be children 6 to 12 years of age from single-parent and blended families since research shows that this group is more susceptible to psychiatric hospitalization. All participants will be children of parents who are deployed. The group will consist of 12 children who will be referred to us through the school system by parents, caregivers, and school counselors who have concerns about the children adapting to the deployment of their parents to Iraq. Children will not be forced to attend but will be those who want to attend and have a great time!
Each session will be 90 minutes long. The group will meet once a week every Saturday for four months and will run from 0900 to 1030. The meetings will be held at a certain child’s clubhouse in the city park. The group will go on several field trips to places like the zoo, aquarium, library, and museum. Other times the group will go fishing, hiking, and bird watching. There will also be a variety of sports competitions. The ultimate goal of this support group is to create a safe environment where members can share and develop trust, commitment, and genuine caring for one another.

**Ethical Considerations**

When dealing with children, it is always important that three ideals are safeguarded. The parents should give their full approval, the children should not be manipulated in any way, and all applicable child safety regulations should be followed. With the support of the school system, parents, caregivers, and school counselors, no ethical issues should arise. With children this age, it is possible that issues of confidentiality could arise. However, the goal is for the children to feel comfortable in sharing with their caregivers what goes on in the support group in order to effect between session change. It is desirable that they also share this information with their parents who are deployed. A component of their treatment is the out-of-group interaction with the adults in their lives, socializing with both children and adults other than the deployed parents.

**Multicultural Issues**

In the military community, by necessity, there is a need to bridge cultural, religious, racial, and ethnic differences in order to fight and win our country’s wars. Children have much more in common these days because of the war on terror. Unfortunately, every military child faces the possibility of not only seeing their parent or parents deploy, but also the possibility that they may never return. Witness the fact that over 2000 American soldiers have been killed in action. A lot of children will never see their parents again! Consequently the military culture overshadows all other cultural factors. Even factors such as language and religion will not be an issue with the support group because of the incredible diversity in the military. The Armed Forces of the United States of America better represent true diversity of cultures than our own country as a whole. So, in fact, because of the commonality of the military community, the children in this support group will start out with many factors in common to share with one another. They in essence get a head start toward bonding because the main thing they have in common is having deployed parents. During the storming stage, it is thus unlikely that there will be any issues related to cultural differences. In addition, the support group should reach the most important stage of performing rather quickly because of the members’ commonality. Finally, statistics reveal a large increase in the number of single-parent and blended family households in the military indicating that the military is in fact diverse in family make-up.

**Group Development**

The support group for children whose parents have deployed to Iraq will follow the five stage model of forming, storming, norming, performing, and adjourning. During the forming stage, planned sports activities and outings should help the children to possibly get to know one another. In fact, the sporting events will also be an excellent way for them to begin storming in a positive way. It is hoped that the group will progress to the performing stage as soon as possible and remain there as long as possible. The group should be able to form its own rules and norms and bond in just a few sessions. Personal experience has demonstrated that bonding between young children occurs more quickly than with adults. In each session the group will spend the first few minutes sharing comments and relevant experiences that have occurred since the previous meeting. The focus will shift to anything one of the children wants to talk about. At some point, the group will focus on a new topic of
its choosing. The last few minutes will be spent sharing what the children got out of the session and offering encouragement to one another.

**Personal Comments**

It is my fervent hope that the support group, over these four months, will give the children the coping skills necessary not only to survive but also to grow from the experience of being without their dads or moms. The harsh reality is that soldiers are being deployed multiple times to Iraq usually for one year each deployment, so children will possibly go through separation over and over again. As far as I know there is no program in existence like the one I am proposing. We could very well be in Iraq for a long time. The terrorists will most assuredly not go away. In light of this reality, we must do a better job of helping our children cope with their parents being deployed, possibly multiple times and for long periods.

**References**


Introduction
Lisa Shaw

The School Counseling Services class is a graduate course taught each fall semester. Under the supervision of Dr. Gillam, I worked with twelve school counseling students to identify today’s hot topics for school counselors. The graduate students contacted the 14 schools within Columbus State University’s College of Education Partner School Network and interviewed the lead school counselor to determine the topics that most impact academic achievement: truancy, loss and grief, alcohol and drugs, children in foster care, a lack of social skills, and eating disorders.

Throughout the semester, students utilized the school counselors within the Partner School Network to research their topics. School counselors were invited to class one evening to meet students and hear more information about the roles and responsibilities of school counselors. Data were collected on each school counselor in order to effect a successful practicum and internship pairing. School counselors have indicated that they benefit from meeting with graduate students and sharing topic ideas with both students and College of Education faculty.