Children impacted by deployment: an occupational therapist's view

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CHILDREN IMPACTED BY DEPLOYMENT:
AN OCCUPATIONAL THERAPIST’S VIEW

by

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This Scholarly Project Paper, submitted by Lisa Mitteness and Angela Thielen in partial fulfillment of the requirement for the Degree of Master’s of Occupational Therapy from the University of North Dakota, has been read by the Faculty Advisor under whom the work has been done and is hereby approved.

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Department: Occupational Therapy

Degree: Master’s of Occupational Therapy

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Signature Angela Thielmann Date 12-7-09

Signature Lisa Anderson Date 12-7-09
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ABSTRACT

The number of children impacted by deployment is a growing area of concern for healthcare providers. This scholarly project explored the impact of deployment on families and children during the phases of deployment. An extensive review of literature revealed a lack of practice-related information for occupational therapists working with children impacted by deployment.

The project is an educational workshop addressing the affects of deployment on children and practice guidelines for occupational therapists. The occupational therapy model for practice utilized is the Person-Environment-Occupational Model; the family-centered approach supports application of the model. The workshop topics include: (a) impacts of deployment, (b) model and approach guiding practice, (c) assessments, and (d) interventions. Educational methods include a PowerPoint® lecture with handouts, group activities and discussions, and case scenarios.
CHAPTER I
INTRODUCTION

Military soldiers and their families have experienced a heightened impact due to several deployments, casualties, and combat injuries during the course of Operation Enduring Freedom and Operation Iraqi Freedom. According to the National Military Family Association (2004), children of military personnel demonstrate a “unique deployment-related need” which needs to be recognized and addressed by people who work closely with this population. Children with a deployed parent experience psychological and emotional impacts which are different in each phase of deployment and developmental stage. Occupational Therapists (OTs) play an important role when working with children impacted by deployment because of their focus on restoring daily roles, routines, and relationships. Current literature reveals a limited number of resources available for occupational therapists (OTs) directly working with families to assist the children to successfully adapt to the changes occurring during the phases of deployment.

In order for OTs to effectively help children and families affected by deployment, multiple aspects of practice need to be addressed. First, the OTs need to be educated on the common effects of deployment on children in each phase of deployment according to the developmental stage of the child. Second, appropriate models and approaches used to guide evaluation and treatment of children impacted by deployment need to be presented.
to OTs. Lastly, OTs working with children impacted by deployment need to identify appropriate evaluations and interventions to provide holistic interventions.

An educational workshop for civilian and military OTs was developed to address effects of deployment on children and families. The workshop will be utilized to educate OTs on the impact of deployment on children’s psychological well-being, occupations, and environments in the phases of deployment, models and approaches used to guide practice, assessments and interventions used to evaluate occupational performance. OTs will also be provided information on additional available resources.

The Adult Learning Theory was used to guide the workshop because of the focus on self-directed and interactive learning. This theory was used to guide development of the group activities and discussions in order to facilitate learning. The Person-Environment-Occupation (PEO) Model in conjunction with the family-centered approach was utilized as the foundation for occupational therapy evaluation and intervention content. The PEO Model focuses on three core concepts, person, environment, and occupation, and their relation to occupational performance. The PEO Model was also chosen because of its holistic approach when evaluating and treating clients and potential for interdisciplinary application. The family-centered approach was chosen because of the family being a constant influence on the child’s life and the importance to addressing the family’s concerns.

Key terms

Pre-deployment: the phase of deployment, which begins upon notification to the point until the soldier deploys.
Deployment: the phase beginning when soldier leaves, lasting from several weeks to several months, and ending when the soldier returns.

Post-deployment: the phase beginning when the deployed soldier returns, lasting up to several weeks.

Externalizing behaviors: examples include decreased attention span, aggressive behavior, disobedience, emotional outbursts, crying and irritability.

Internalizing behaviors examples include anxiety, depression, withdrawal, and somatic complaints.

A limited amount of professional literature is available to guide the practice of OTs working to the address the unique needs of children impacted by deployment. OTs seek to provide services aimed at increasing engagement and participation in meaningful occupations through holistic evaluation and intervention methods, including the establishment or restoration of skills, habits and routines, roles, and relationships. The workshop educates OTs on the impacts of deployment on the children, models and approaches to guide evaluation and interventions, and suggests assessments and interventions to be utilized with this population.

Chapter II presents an extensive literature review addressing impacts of deployment on the soldiers, spouses, and children, as well as reviewing the role of occupational therapy in relation to children impacted by deployment. Chapter III discusses the methodology utilized throughout the project. The educational workshop is presented in Chapter IV. A conclusion of the scholarly project, important information regarding the process, and recommendations for implementation are included in Chapter V. References utilized throughout this scholarly project are presented at the conclusion.
CHAPTER II
LITERATURE REVIEW

Introduction

Historically, the United States military forces have engaged in global conflicts impacting military soldiers and their families. More recently, global conflicts have required an increase in military involvement. Over 2.6 million people serve within the five military branches, including the Army, Marine, Air Force, Coast Guard, and Navy including active, reserve, and national guard (Bureau of Labor Statistics, 2007). In 2001, the United States military forces embarked in Operation Enduring Freedom (OEF) and soon after initiated Operation Iraqi Freedom (OIF) in 2003. Military soldiers and their families have experienced a heightened impact due to several deployments, casualties, and combat injuries during the course of OEF and OIF. Over 250,000 soldiers have been deployed since 2001 (National Association of State Directors of Veterans Affairs, 2009), many of which have been deployed multiple times affecting the families differently than the past wars. According to the U.S. Department of Defense (2009), over 5,000 casualties have been reported and 4,000 have been wounded in action since 2001.

Families of deployed soldiers are also affected by deployments due to separation, injuries, and casualties occurring during this time. One of the groups that are frequently forgotten in relation to deployments are the children of deployed soldiers. It is estimated that 155,000 children are affected by deployments from the war on terror, not including

**Effects of Deployment on the Soldier**

The impact of war on the soldiers is multidimensional; affecting physical, emotional, and mental health aspects of the individual. Since March 2003, in Operation Iraqi Freedom more than 30,000 soldiers were injured in combat (globalsecurity.org, 2009). Montz, Gonzales Jr., Bash, & Carney (2008) describe common physical injuries as upper and lower extremity injuries from explosives and repetitive motion activities. Other common injuries among this population are burns, fractures, traumatic amputations, dislocations, sprains, open wounds and intracranial injuries (Hoge, McGurk, Thomas, Cox, Engel & Castro, 2008; Wade, Dye, Mohrle, & Galarneau, 2007; Warden, 2006; Zouris, Wade, & Mango, 2008).

In addition to physical injuries, soldiers are susceptible to psychosocial impairments due to emotional and/or physical trauma experienced during deployment. Researchers found more soldiers met criteria for major depression, generalized anxiety, and PTSD after returning from deployment which may be associated with traumatic combat experiences and physical injuries (Bell, et al., 2000; Ford, et al., 1998; Grieger, et al., 2006; Hoge, et al., 2004; Lapierre, et al., 2007). Of these psychological disorders, posttraumatic stress disorder (PTSD) is the most prevalent disorders among military soldiers. Hoge, et al. (2004), speculated prevalence of PTSD increased with combat intensity as measured by the number of firefights, being shot at, handling dead bodies, knowing someone who has been killed, killing enemy combats and/or being wounded. Research has indicated soldiers with physical injuries are more likely to meet criteria for PTSD compared to non-injured soldiers because of the intensity of combat experiences.
Prevalence of PTSD also increased with loss of consciousness as a result of a heightened impact of combat experience (Hoge, et al., 2008). In relation to current conflicts, soldiers serving in Iraq were found to have higher prevalence of PTSD when compared to soldiers serving in Afghanistan due to differences in combat experiences (Hoge, et al., 2004; Lapierre, Schwegler, & LaBauve, 2007). Hoge, et al. (2004), found 93% of soldiers serving in Iraq have reported being shot at compared to only 66% of soldiers serving in Afghanistan, which may account for differences in combat experiences. In addition, due to the heightened impact of combat experience, prisoners-of-war (POWs) have also been found to have an increased prevalence of PTSD when compared to non-POWs (Al-Turkait & Ohaeri, 2008a; Meyers, Kimbrell, Booe, & Freeman, 2005).

**Effects of Deployment on the Spouse**

Deployment not only affects the soldiers’ well-being, it also impacts the non-deployed spouse. Rosen, Carpenter & Moghadam (1989), found spouses’ general well-being and global life satisfaction were impacted by military life stress, the military spouses’ job and general army life. One of the challenges the non-deployed spouse encounters is role change within the family structure. Initially, the non-deployed spouse may have to adapt to the role of being a single parent and making decisions previously made by or with the other spouse (Blount, Curry, & Lubin, 1992). In addition, spouses take on new responsibilities, including financial concerns, cooking, childcare, and/or housekeeping, which may require the non-deployed spouse to learn new skills. Following deployment, also known as the reunion phase, family roles begin to be redefined as the
deployed spouse may return and assume old roles. According to Bowling & Sherman (2008), the couple may have to compromise and maintain open communication in order to reestablish household tasks responsibilities. Possible problems may arise due to the non-deployed spouse feeling underappreciated for newly acquired skills going unrecognized (Blount, et al., 1992).

Deployment affects the spouse’s roles at home as well as employment satisfaction. Historically, researchers found military wives who maintain employment were more satisfied and were more likely to report better general wellbeing (Ickovics & Martin, 1987; Manning & DeRouin, 1981). Alternatively, Ickovics & Martin (1987) indicate continuous employment may have a negative impact due to role overload and/or lower job satisfaction. More recently, SteelFisher, Zaslavsky, & Blendon (2008), found when non-deployed spouses were more likely to reduce their hours or quit their jobs when faced with situations where deployment has been extended for an indefinite period of time.

The non-deployed spouse may also face emotional challenges. Eaton et al., (2008) and Jenson, Martin, & Watanabe (1996) found approximately 20% of spouses reported having more stress and emotional problems in their lives during deployment. More specifically, spouses of veterans had higher symptoms of anxiety and depression (Al-Turkait, 2008b; and Eaton, et al., 2008; Manguno-Mire, et al., 2007). Approximately one third of spouses of veterans who deployed during Vietnam and Gulf War met PTSD criteria according to Gallagher, Riggs, Byrne, & Weathers, (1998) and Al-Turkait and Ohaeri (2008b), respectively. During deployment spouses may be both supportive although fearful for the deployed spouse (Blount, et al., 1992). The emotional and
psychological affects of repeated deployments, as is the case in the current conflicts, on non-deployed spouses have not been explored.

Effects of Deployment on Children

General effects of the stages of deployment on children.

Lastly, children of deployed parents are equally affected by events surrounding deployment. Deployment is separated into three stages; pre-deployment, deployment, and post-deployment. The affects of deployment are different in each stage and vary for each child depending on their developmental stage. The pre-deployment stage is characterized by notification of deployment; this may last weeks or several months prior to deployment. The children react differently in each stage depending on their age. During pre-deployment, preschoolers may be confused and react with regressive or attention-seeking behavior, as well as feeling guilty. School age children may feel guilty and lonely; similarly, adolescents may also feel lonely. In addition, adolescents were found to express anger, feelings of abandonment, sadness, and/or denial of any emotional reaction to the event. (Amen, Jallen, Merves & Lee, 1988)

In contrast to pre-deployment, deployment poses greater periods of separation and more risk of injury or death to the deployed parent (Lincoln, Swift, & Shorteno-Fraser, 2008). Deployment duration may last from a few weeks to several months, depending on military branch and occupation specialty. According to Chandra, Burns, Tanielian, Jaycox, & Scott (2008), families have been found to experience several changes such as changing school location, house location, and parent job loss during the deployment stage. During deployment, children display different problematic behavioral patterns according to their developmental stage (Amen, et al., 1988; Lincoln, et al., 2008). Infants
have been found to have more sleep disturbances, eating problems, and increased crying; where as toddlers were more clingy and but also resistant to eating and sleeping (Amen, et al., 1988). Preschoolers may respond to deployment as regressing and displacing such as being aggressive, demanding, and attention-seeking as well as having a difficult time conceptualizing time (Amen, et al., 1988; Lincoln, et al., 2008). School age children have been found to experience increased worry, sleep disturbances, as well as academic difficulties due to decreased attention span. Deployment was found to be especially disruptive for families with school-aged children (Kelly, 1994). Children in this developmental stage may also experience difficulties with role changes, for example, they may assume the role of the deployed parent (Amen, et al., 1988; Blount, et al., 1992) and boys may be overprotective of their mother (Amen, et al., 1988). Socially, adolescents may act out in sadness or anger or begin to hang out with the peers who have a negative influence.

The post-deployment/reunion phase begins on the return of the deployed parent and may last several weeks. Preschoolers in this phase may be excited, clingy, demand more attention, or reject the previously deployed parent (Amen, et al., 1988). School-aged children will also experience happiness with the return of their parent as well as express anger and jealousy. Adolescents have been found to have the easiest adjustment in this phase unless the parent returning increases discipline, then the child may be angry and defiant.

**Psychological and physical effects on children.**

Psychological problems may arise when a child has an adverse reaction during the phase(s) of deployment. According to Chandra, et al., (2008), children experienced more
anxiety and an increased sense of worry when the parent was deployed compared to a parent not deployed at all or after the return of a parent. Children of POWs and/or of deployed parents tend to have higher anxiety, depression, and abnormal behaviors such as decreased attention and emotional challenges (Al-Turkait & Ohaeri, 2008c; Chandra, et al., 2008; Cozza, Chun & Polo, 2005; Huebner, et al. 2007).

The children’s overall health may be impacted by the psychological well-being of their deployed parent and non-deployed parent. Al-Turkait & Ohaeri (2008c) and Cozza, et al. (2005), found children with parents meeting PTSD, anxiety, and depression criteria also had increased symptomology. Children of deployed parents have been found to have an increase in somatic complaints including headache, muscle tension, gastrointestinal complaints, insomnia and increased asthma attacks (Lawler, Flori, Volk & Davis, 1997; Yeatman, 1981). Similarly, Barnes, Davis & Treiber (2007), found children of a deployed parent had higher blood pressure in comparison to civilian children.

The internalization and externalization of symptoms may cause psychological problems in children. Externalizing behaviors include decreased attention span, aggressive behavior, disobedience, emotional outbursts, crying and irritability and internalizing behaviors include anxiety/depression, withdrawal, and somatic complaints (Hillenbrand, 1976; McFarlane, Groff, O’Brien, & Watson, 2003; Ryan-Wenger, 2002; Yeatman, 1981). During deployment, research revealed an increase of internalizing and externalizing symptoms, which may contribute to higher rates of anxiety and depression (Cozza, et al., 2005; Huebner, et al., 2007). The effects of parental death due to deployment are believed to cause an increase in psychiatric disorders or behavioral problems for the children (Cozza, et al., 2005). Children of deployed parents had a higher
incidence of internalizing behaviors, increased levels of anxiety, withdrawal, and anger when compared to non-deployed families (Jensen, et al., 1996; Kelly, et al., 2001). Children age three and older were found to have clinically elevated internalizing symptoms according to Chandtrand, Frank, White, & Shope (2008). Both boys and girls of a deployed parent were found to have increased sadness and boys were found to have higher levels of depression and internalizing behaviors (Jensen, et al., 1996; Rosen, Teitelbaum & Westhuis, 1993). Children’s behavioral improvement depends on the intensity of the war deployment, according to Kelly (1994) who found children’s behaviors did not improve post deployment in the Persian Gulf War; however, under routine peacetime deployments, their overall behavior did improve.

Resources For Military Families.

The military has developed resources to assist soldiers and their families to address issues that arise during the deployment phases. These resources are designed to provide soldiers and their families with educational materials on coping strategies, communication skills, what expect during each phase, and opportunity to build support networks. The resources for military families discussed in the following section include a psychoeducational program implemented for U.S. Navy families, a family assistance program for army reservists, and resources available online for all military branches.

U.S. Naval program.

In 1979, the U.S. Navy created the Navy Family Services Centers (NFSCs) to respond to the needs of U.S. Navy family members (Blalsure & Arnold-Mann, 1992). Three NFSCs located in the Norfolk/Virginia beach area focused their efforts to create prevention programs to address the phases of Navy deployments. The programming team
is required to undergo training on pre-deployment programs as well as gain knowledge of public communication skills and deployment related resources. During the pre-separation phase, NFSCs’ programs focus on issues associated with the anxiety of deployment, positive and negative aspects of being separated, and expectations upon return to the family unit. Pre-separation programming is offered to single soldiers as well as to married soldiers and their families.

Deployment programming is provided to family support groups with emphasis on education about military and community services, coping with loneliness, and parenting concerns. Return and reunion programming is provided to deployed Navy personnel aboard ships in addition to family members at home. The program goal in this deployment phase is to “… encourage greater family communication, role flexibility, and emotional closeness” (Blal sure, et al., 1992, p. 178). Aboard the ships, Navy personnel are given the opportunity to attend presentations that address possible reunion situations, emphasizing open communication for the return to relationships. Navel families are provided with information on reunion issues during family support groups as well as in other presentations.

**Army Reservist family assistance program.**

A group from a psychiatric reserve unit implemented a family assistance program beginning in 1991, during Operation Desert Shield/Storm, to support Army resevists in the deployment process (Rabb, Baumer, & Wiesler, 1993). The group was composed of one mental health professional and two mental health paraprofessionals. The goal of the family assistance program was to provide families and the soldiers with information
about coping strategies to aid them through the stress of separation. Information was provided to the families regarding each stage of deployment.

During the first phase of deployment, pre-deployment, the family assistance program focused on stress management and mobilization with the soldiers and their families. Within this session, information on symptoms of stress and stress management skills were discussed along with community resources for mental health aspects. A discussion group for children was established in this stage in order for children to share feelings and concerns about deployment and address common responses to deployment. The discussion group provided children with information on emotions they may experience and ways to cope with them.

The family assistance program developed three mediums to reach out to the families during the deployment phase. Stress management seminars were developed by the team to provide families with information on stress. Topics covered included “…definition of stress, positive versus negative stress, acute versus chronic stress, internal versus external stress, symptoms of stress, stages of grief and loss, children’s stress reactions and resources in the community and with in the military” (Rabb, et al., 1993, p. 444). Team members used telephone outreach to assess how the families were managing stress, provided conversational reassurance and anxiety relief, and referred families to community services if needed. Lastly, during this phase, the team offered individual and family counseling. The team used cognitive behavioral and supportive therapy services with families needing assistance in dealing with deployment.

The reunion phase also offered three different mediums of support; including seminars, debriefings, and telephone outreach. Seminars focused on successful reunion
strategies for families and the soldier. Key points of this session were described as “...cycles of deployment and homecoming, changes to expect, fears of family members, tips for successful reunion, re-establish sexual intimacy, children’s concerns and behaviors issues, and enhancement of communication” (Rabb, et al. 1993, p. 445). The team provided unit debriefings, if requested, for soldiers in order to deal with combat experiences and reorganize themselves to be prepared to return to civilian and family life.

**Minnesota National Guard Beyond the Yellow Ribbon.**

The Minnesota National Guard developed the Beyond the Yellow Ribbon Program in order to provide service members and their families with training and resources regarding the deployment cycle. This organization offers a variety programs including reintegration events, support groups, family events, and wellness programs within the community. In relation to military youth, children of service members are provided with opportunities to participate in activities that focus on life skills and develop relationships with their peers. Examples of camps provided include: military kids camp, Minnesota National Guard youth and teen camp, operation military kids, operation military kids boots on camp, and operation military kids fishing trips (Minnesota National Guard, 2009).

**Operation Ready Families**

The California Army National Guard and Air National Guard developed Operation Ready Families for their service members and families. The purpose of this program is to provide support to service members and their families during their time in service. This program disperses information regarding community deployment resources
and support groups. Examples of current events include; family readiness course, marriage enrichment seminar, and deployment webinar (State of California, 2007).

**Online resources.**

The Department of Defense and the Army have created online resources for families to access in order to help families to successfully respond to deployment related issues during each phase of deployment. Examples of military online resources are Military OneSource, Military Homefront, Army Families Online, and Children and Youth services. These resources offer information on a variety of topics including parenting, child mental health and well-being, coping strategies for deployment-related stress, financial concerns and staying healthy. These online resources also provide links to other informational material, interactive media, and community resources.

**Resources for Military Children**

**Operation Purple Camp.**

The current conflicts have given rise to more programs and resources to assist military families and their children. The Department of Defense has developed websites to assist military families to cope with stressors related to deployment. Most of the websites are aimed towards parents and provide them with educational resources to use with their children.

In order to focus more on children and their well-being, the National Military Family Association (NMFA) developed a free summer camp for children with a deployed parent called Operation Purple Camp (OPC). Chandra, et al. (2008) described the purpose of this program as providing coping skills and support networks of peers to better handle stressors of deployment while engaging in fun activities. Activities focus on team
building, community service projects and military themed exercises to teach the children about the military, deployment and coping skills to deal with life stressors. Children from ages 7-17 attend this camp and in 2009, OPC was anticipated to expand to 90 weeks and 62 locations as compared to 40 weeks and 34 locations in 2007 (Chandra, et al., 2008; NMFA, 2009b).

Chandra, et al. (2008) completed a study of children with a deployed parent and the impacts of OPC. The results demonstrated during OPC children were able to connect with peers, gain independence, learn that it is acceptable to communicate their feelings about deployment, had a better understanding of what their parent did, learned coping skills, and learned to enjoy military life. The children reported the hardest part of deployment was to deal with their feelings about missing their parent and missing out on activities because their parent was gone. Overall, children and parents reported a hope to attend OPC again in the following years due to the positive impacts of OPC on their lives (Chandra, et al., 2008).

**Educational materials for children.**

Many resources are available to parents online or at the family support centers on the military bases in order to provide parents with activity books, videos, and other informational materials to educate themselves and their children about the process of deployment. These resources are available at family readiness centers on military bases as well as online at military onesource.com. These resources are specific to different ages and focus on topics specific to the phases of deployment. As shown in Table 1, there are three different resource types including activity books, DVDs, & general information. Each resource is described in Table 1 by the following categories: intended age group,
where the material can be located, purpose and topics the material addresses, activity examples, and the deployment phase.

**Occupational Therapists in the Military**

The role of the Occupational Therapist (OT) in the U.S. Military is defined as assisting soldiers and their families to successfully perform in meaningful occupations (Brachtesende, 2004; Howard & Doukas, 2009). Literature reports OTs’ role in the military focuses on physical rehabilitation of soldiers, including working with upper extremities, orthotics and ergonomics (Brachtesende, 2004; Howard, et al., 2009). More recently, OTs have established a role in the Warrior Transition Units. Erickson, Secrest, & Gray (2008) describe the purpose of the Warrior Transition Units of the U.S. Army to holistically rehabilitate injured soldiers to successfully reintegrate into civilian or active duty life. In these programs, OTs focus on reintegration including areas of “…life skills, work reintegration, and soldier skill reintegration…” (Erickson, et al., 2008, p. 10). OTs have established the role of reintegrating soldiers back into their previous routines or into new ones following life changing events.

While OTs’ role in the military has primarily been focused on the soldier, OTs are likely to play a significant role in assisting the families of soldiers through family-centered care. Family-centered care is prominently used in pediatric interventions due to its focus on collaboration with the family in the rehabilitation process (Stephens & Tauber, 2005; Hanna & Rodger, 2002). Although current OT literature does not explore the OTs’ role with military families, OTs in the military have used aspects of family-centered care when working with families during disaster relief efforts. Oakly, Caswell,
<table>
<thead>
<tr>
<th>Resource Type</th>
<th>Resource Location</th>
<th>Age</th>
<th>Purpose</th>
<th>Activity Examples</th>
<th>Deployment Phase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity Books</td>
<td>Family Support Center</td>
<td>Children</td>
<td>To provide children with fun activities while learning about feelings, ways to cope and ways to increase communication.</td>
<td>Coloring activities with stories, written communication tools, military education, learning about feelings in each phase of deployment</td>
<td>Deployment and Reunion</td>
</tr>
<tr>
<td>DVDs</td>
<td>Military One Source or Family Readiness Center</td>
<td>2-5</td>
<td>Assist children with understanding deployment, ways to cope, difficulties with reunion and normal emotions.</td>
<td>Sesame Street characters stories and interviews with military children and families</td>
<td>All phases</td>
</tr>
<tr>
<td>Mr. Poe and Friends</td>
<td>Military Readiness Center</td>
<td>6-10</td>
<td>Assist children to develop positive coping strategies to deal with pre-deployment/ separation/reunion.</td>
<td>Interviews with military children/families</td>
<td>All phase</td>
</tr>
<tr>
<td>Military Youth Coping with Separation: When family members deploy</td>
<td>Help from Home: Deployment support for military service members and families</td>
<td>11 &amp; up</td>
<td>For adolescents facing military deployment to help them understand and cope with feelings related to deployment.</td>
<td>Interviews and education about feelings</td>
<td>Pre-deployment/ Deployment</td>
</tr>
<tr>
<td>Help from Home: Deployment support for military service members and families</td>
<td>Triwest. com</td>
<td>All ages</td>
<td>For families post-deployment to assist with transition and reunion.</td>
<td>Stories and challenges providing insight from multiple perspectives.</td>
<td>Reunion</td>
</tr>
<tr>
<td>Information Mission Readiness</td>
<td>Family Support Center</td>
<td>Adults</td>
<td>Prepare the parent/spouse for deployment related issues.</td>
<td>Education information regarding legal issues, financial information, managing personal property, &amp; emergency preparation</td>
<td>All phases</td>
</tr>
</tbody>
</table>
& Parks (2008) describe interventions of military OTs during disaster relief efforts, which include assisting families to resume daily routines as well as providing education on normal reactions and information regarding the disaster.

**Summary**

The literature review highlights the impact of deployment on military soldiers, spouses, and children. Soldiers are likely to be impacted physically and/or mentally depending on combat experiences. Spouses of deployed soldiers are also psychologically and emotionally impacted by deployment. The impact is heavily dependent on the soldier’s combat experience and changes that occurred in roles and routines throughout the phases of deployment. Children are impacted differently at each phase of deployment and may react differently depending on their developmental stage.

In the military, OTs have a major role working with the soldiers, primarily focusing on physical rehabilitation following deployment related injuries. Recently, a greater emphasis has been placed on the psychosocial rehabilitation of the soldier after deployment. In regards to the impact of deployment, the role of OTs working with military families has not yet been clearly defined (Brachtesende, 2004). The literature review reporting psychosocial affects of spouses and children and the increasing number of existing passive resources directed towards families, indicate a growing need for OTs to address deployment-related issues. OTs need to address deployment-related issues using family-centered practice focusing on restoring daily roles, routines, and relationships in the absence of the deployed family member. Currently there are a limited number of resources available for OTs directly working with families to assist the children to successfully adapt to the changes occurring during the phases of deployment.
In order for OTs to effectively help families and their children affected by deployment, two aspects of care need to be addressed. First, OTs working with children of deployed parents need to be provided with education regarding the effects of deployment on children. Due to the effects on not only the children but also the families, OTs need to utilize a family-centered focus as they address the families' concerns.

Therefore, this scholarly project proposes to meet the previously defined needs by developing an educational tool for civilian or military OTs addressing effects of deployment on children and families. The educational tool will address the effects of deployment during each phase, as well as intervention suggestions.

In Chapter III, the methodology used to develop this scholarly project is presented in greater detail.
CHAPTER III

METHODOLOGY

An extensive literature review was performed to identify the impact of deployment on the soldiers, their spouses, and their children, and to determine the role of occupational therapy in relation to deployment. A number of search engines were utilized including, PubMed, CINAHL, PsychInfo, OT search, ProQuest, EBSCOhost, JSTOR, as well as government-based websites. Information was also obtained from the Grand Forks Air Force Base Airman and Family Readiness Center (specify office(s) here).

The primary focus of the literature located was on the physical and psychological effects on the soldier. Additionally, literature focused on the psychosocial effects of deployment on the spouse and children. The role of occupational therapy in the relation to the soldier was identified in the literature, however, primarily discussed physical rehabilitation practice. The literature review revealed a lack of resources for occupational therapists working with children impacted by deployment.

Several occupational therapy models were considered to guide implementation of the information presented in the workshop. Based on the holistic approach used to evaluate and treat the client, the Person-Environment-Occupation (PEO) Model was chosen. The PEO Model focuses on the core components of the person, environment, and occupation in relation to the occupational performance (Law & Dunbar, 2007). When faced with deployment, children experience behavioral and emotional changes that may
impact their environment, occupations, and personal characteristics that lead to impair occupational performance.

The family-centered approach was selected for use in conjunction with the PEO Model because of its emphasis on the client and family collaboration in addressing the needs of children. The family-centered approach highlights several key elements including, respecting family diversity and coping mechanisms, acknowledging children and family developmental needs, and encouraging utilization of family-to-family support systems (Hostler, 1999). The Adult Learning Theory was selected to guide the instructor’s facilitation of the workshop, enabling use of the learners’ personal experiences and internal motivation to promote further self-directed learning.

A continuing education workshop was chosen as a delivery method to present the information to occupational therapists who work with military children. The workshop was developed as a one-day, four-hour session. A PowerPoint® presentation facilitated by an instructor is the foundation of the workshop. In addition to the lecture, group activities, discussions, case scenarios, and videos were utilized. The attendees are to be provided with PowerPoint® notes and additional handouts to promote interactive learning. A pre and post-test assessment is provided to measure the effectiveness of the workshop.

The goal of this project is to provide occupational therapists with an educational workshop to enhance evaluation and interventions when working with children and families affected by deployment. Chapter four presents the developed workshop and implementation guidelines for the facilitator.
CHAPTER IV

PRODUCT

Introduction

Since 2001, over 250,000 soldiers have been deployed in Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) (National Association of State Directors of Veterans Affairs, 2009), many of which have been deployed multiple times affecting the families differently than past wars. Current Occupational Therapy (OT) literature focuses on the physical and psychological effects of deployment on the soldier; however, there is a lack of literature for OTs on spouses and children. Therefore, OTs working with children impacted by deployment can benefit from education and resources to effectively treat military children.

Description

The purpose of this workshop is to provide resources for OTs who work with military children. The focus on the workshop will be on the effects of deployment on children, occupations impacted, and potential OT assessments and interventions. Resources available for military families will also be reviewed. During the workshop, attendees will be asked to apply the information learned through case studies, discussion, and pre and post evaluations.

Workshop Title: Children Impacted by Deployment: An Occupational Therapist’s View
Date and Time Frame: Please allow approximately 4 hours

Intended Audience: The workshop is intended for OTs working with military children in physical rehabilitation, mental health, school-based, early intervention and other pediatric settings.

Learning Objectives

The therapist will be able to:

1. Identify the affects of deployment on children in each phase of deployment.
2. Identify core concepts of suggested models.
3. Describe how children’s occupations and environments are impacted by deployment.
4. Identify assessments used to evaluate children affected by deployment.
5. Identify potential interventions based on symptomology and developmental age.
6. Apply appropriate assessments and interventions to selected case scenarios.
7. Locate resources available for military families.

Session Activities

The session activities were chosen in order to assess the information, meet individual learner needs, and to present pertinent information.

- Workshop attendees will complete a pre-test assessment.
• The workshop instructor will introduce him/herself and identify what settings the audience currently works in.
• The workshop instructor will explain the phases of deployment and behaviors children may display in each of these phases as well as the effects on the spouse.
• Models and approaches used with children impacted by deployment will be identified.
• The instructor will lead a discussion on children’s occupations that are impacted by deployment.
• Assessments evaluating the children’s contexts as well as potential interventions will be introduced.
• The audience will divide into small groups and discuss case studies.
• The small groups will then identify assessments and interventions appropriate for their case study.
• The group will congregate to discuss case study results.
• The attendees will complete a post-test assessment.

**Instructional Techniques**

The workshop instructor will utilize a variety of instructional techniques in order to meet individual learner needs. A PowerPoint® presentation will be used to present information on the impact of deployment on children and on assessments and interventions used for this population. Interactive lecture will be utilized during the PowerPoint® presentation to facilitate discussion on occupations impacted during deployment. Case scenarios will be provided to the attendees to incorporate the
information presented in conjunction with group discussions to summarize applicable results. Handouts of the PowerPoint® presentation will be provided to the attendees. The handout format will include three slides per page on the left side of the paper with space provided on the right for notes.

**Assessment Plan**

The attendees will be assessed on their knowledge of effects of deployment through utilization of a pre and post-test evaluation. The workshop attendees will also be informally evaluated through discussion during the case studies and related activities.

**Learning Activities Estimated Time**

- 7:30 am: Registration & Complete Pretest
- 8:00 am: Effects of Deployment
- 8:45 am: Video and Discussion
- 9:00 am: Review of Models Utilized
- 9:20 am: Break
- 9:35am: Children’s Occupational & Environmental Impairments Application Activity
- 10:05 am: Assessments and Interventions
- 10:35 am: Break
- 10:50 am: Case Scenario Application Activity
- 11:35 am: Wrap Up
- 11:50 am: Complete Posttest Assessment
Instructor and Learner Materials

The materials needed for this workshop include:

- Computer with Microsoft 2007 PowerPoint® and projector capabilities
- Projector
- Projector screen
- Laser pointer

Instructor Materials:

- Instructor manual PowerPoint® with note pages
- Impact on Children’s Environment Activity: Instructor Guide
- Children’s Occupational Impairments Activity: Instructor Guide
- Brochure for Promoting Workshop
- Certificate of Completion of Contact Hours

Instructor Materials for Attendees:

- PowerPoint® Handouts
- Pre- and Post-Test
  - Attendees will be given a pre-test upon registration on the day of the workshop. They will be asked to complete the pre-test prior to starting the workshop. The pre-test assesses the attendee’s prior knowledge of the workshop objectives. The post-test will be given at the conclusion and will assess the same measures and the effectiveness of the teaching methods utilized during the workshop.
- Impact on Children Chart
- Impact on Children’s Environment Activity
- Children’s Occupational Impairments Activity
- Battery of Assessments
- Resources for Families Dealing with Deployment
- References for PowerPoint® Presentation

**Room Arrangement**

The workshop will be held in a room large enough to seat the number of attendees. Chairs surrounding round tables will be set up in the room with a podium and projector screen in the front of the room. Round tables are used to promote group discussion and a podium at the front of the room is to allow for all attendees to easily view and hear the instructor.

**Model**

The models used to guide the development and implementations of this product include: Person-Environment-Occupation Model (PEO model), the Family-Centered approach, and the Adult Learning theory. The PEO model and Family-Centered approach support the evaluation and interventions introduced for military children and their families. The Adult Learning theory is utilized in order to assist the instructor to facilitate learning for the intended adult audience.

**Person-Environment-Occupation**

When faced with deployment, children experience behavioral and emotional changes that may impact their environment, occupations, and personal characteristics that lead to impaired occupational performance. The Person-Environment-Occupation (PEO)
model focuses on the core components of the person, environment, and occupation in relation to occupational performance (Law & Dunbar, 2007). The PEO Model will help guide therapists to address the person, environment, and occupation in evaluations and intervention.

The Person-Environment-Occupation Model in relation to children focuses on the interaction between the child and their environments and occupations (Law, et al., 2007). The person component of this model addresses all aspects of the individual. However more specifically, with children the model concentrates on temperament, self-concept, health and personality. Occupational performance may be negatively impacted by physical, cognitive, and affective impairments from the personal component (Rogers & Holm, 2009). The personal components of children are impacted by affects of deployment and result in emotional and behavioral changes.

Cultural, physical, economic, social, organizational, and psychological aspects are addressed in the environment component (Law, et al., 2007). Evaluating and eliminating the environmental barriers allowing for optimal occupational performance is a unique feature of this model and is an important consideration with children (Rigby & Letts, 2003). Assessing the environmental factors is especially important when working with children impacted by deployment due to several environmental changes during the deployment phases. According to Rogers, et al. (2009), role, habit, and skill development are impacted by environmental demands. Other models assess environment but lack the connection between environmental, occupational and personal factors contributing to occupational impairment.
The occupation component includes the tasks and activities that are meaningful to the children. The children and their families identify the children’s meaningful occupations. The occupations are then evaluated for perceived and actual performance in the home, school, and social environments. Occupational performance relates to the interaction between person, environment, and occupation. Optimal performance is achieved when the components successfully interact with each other. Occupational therapists working with children utilize this model to analyze the components in order to determine the underlying reason behind the less than optimal occupational performance. Decreased attention, lower grades, social isolation, behavioral outbursts are examples of the impact of deployment has on children’s occupational performance.

Evaluations guided by the PEO Model utilize a family-centered approach to build an occupational profile in addition to assessing occupational performance (Law, et al., 2007). Occupational evaluations focus on the environmental component of the PEO Model in order to identify environmental demands impacting the children’s occupations (Rogers, et al., 2009). Interventions are also focused on enhancing environmental characteristics in order to optimize occupational performance (Rigby & Huggins, 2003). Interventions may be completed in a group or individually in a variety of contexts and focus on changing the interaction between the child, environment, and occupation.

Family-Centered Approach

The family-centered approach is used in conjunction with the PEO model because of its emphasis on client and family collaboration in addressing the needs of the children. Family involvement remains of high importance because family members are primary
caregivers and a constant influence in the children’s life (Hostler, 1999). According to Lawlor & Mattingly (2009), collaboration between the therapist, client, and the family are used in order to incorporate their strengths and needs into therapy process.

The family-centered approach emphasizes several key elements. The key elements include: respecting family diversity and family coping mechanisms, acknowledging children and the family developmental needs, and encouraging utilization of family-to-family support systems (Hostler, 1999). The occupational therapist can respect family diversity through consideration of culture, race, economic status, and education (Lawlor, et al., 2009). Cultural influences affect the family’s selection of coping mechanisms and the children and the family developmental needs; therefore, should be addressed when considering the impacts on the child. Family-to-family support systems are encouraged by therapists in order to further facilitate healthy coping strategies.

The family-centered approach is used to guide the therapy process when working with children impacted by deployment. Therapists holistically evaluate the child by considering the children and family’s strengths, needs, and cultural influences. The family-centered approach is used to guide the evaluation process of building the occupational profile and assessment selection. The information obtained through the evaluation process is used to establish family-centered goals and implement interventions (Rigby & Huggins, 2003).
Adult Learning Theory

The Adult Learning Theory is utilized to assist the instructor to facilitate the workshop. This theory emphasizes two key constructs: andragogy and self-directed learning (Merriam, 2001). Andragogy is the process of facilitating adult learning. This aspect of the Adult Learning Theory relies upon six basic assumptions include: need to know, learners self-concept, role of learner's experience, readiness to learn, orientation to learning, and motivation. The development of the workshop is guided by the previously stated assumptions and is further described in Table 1. Adults who learn by self-direction are motivated, make use of what they learn and learn more thoroughly. The role of the facilitator is to facilitate self-directed learning, critical reflection and discussion (Merriam, 2001).

Conclusion

Changes to the workshop may be made to reflect changes in literature, audience, size, and/or audience knowledge. A guest lecturer who has experience in working with children impacted by deployment may enhance the assessment and intervention portion of the workshop. Video case scenarios may also be used to replace scenarios provided.
Table 1
Adult Learning Theory: Workshop Application

<table>
<thead>
<tr>
<th>Adult Learning Theory Assumption</th>
<th>Workshop Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Need to know</td>
<td>The attendees have determined they need to know the information presented by advertising for the workshop. Workshop provides objectives and they are reviewed prior to beginning the workshop.</td>
</tr>
<tr>
<td>2. Learner’s self-perception</td>
<td>Attendees take responsibility to attend workshop. Self-directed case studies and discussions are used to facilitate learning to meet individual learner needs.</td>
</tr>
<tr>
<td>3. Role of learner’s experiences</td>
<td>Learners will apply knowledge and previous life experiences to workshop activities to further develop their knowledge base. Learners will share previous experiences to enhance peer knowledge base.</td>
</tr>
<tr>
<td>4. Readiness to learn</td>
<td>Attendees have identified the workshop fits their need. They also have determined their readiness to learn through attending and participating in the workshop.</td>
</tr>
<tr>
<td>5. Orientation to learning</td>
<td>Workshop is organized as you would use the information in clinical practice and the attendees apply the knowledge they have learned through case studies.</td>
</tr>
<tr>
<td>6. Motivation</td>
<td>Internal motivation to learn the information to better serve the children they treat. They have also demonstrated internal motivation by expanding their learning by attending the workshop.</td>
</tr>
</tbody>
</table>

(Merriam, Caffarella, & Baumgartner, 2007; Knowles, Holton III, & Swanson, 2005)
Children Impacted by Deployment: An Occupational Therapist’s View

Lisa Mitteness, MOTS & Angela Thielen, MOTS
Advisor: Sonia Zimmerman, PhD, OTR/L, FAOTA
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Children Impacted by Deployment: An Occupational Therapist's View

Presenters:
Lisa Mitteness, MOTS
&
Angela Thielen, MOTS

Educational Workshop
Contact Hours: 4
Date:
Time: 8:00am – 12:00pm
Location:
PRE-TEST ASSESSMENT
Children Impacted by Deployment: An Occupational Therapist’s View

Pre-Test

1. Describe effects deployment has on children in each developmental age:
   a. Pre-school:
   b. School-aged:
   c. Adolescent:

2. Identify core concepts of the two models suggested to be used with children impacted by deployment.
   a. Person-Environment-Occupation Model (PEO):
   b. Family-Centered Approach:

3. Describe how children’s occupations and environments are impacted by deployment.
   a. Occupation:
   b. Environment:

4. Name assessments that evaluate concepts of the PEO Model and/or family-centered approach.

5. Describe an intervention you may use for a child whose parent has recently been informed on an upcoming deployment.

6. Name two ways to get more information or tools for yourself or for parents when working with children impacted by deployment.
Children Impacted by Deployment:
An Occupational Therapist's View
Lisa Mitteness, MOTS & Angela Thielen, MOTS
Learning Objectives

The therapist will be able to:

1. Identify the affects of deployment on children in each phase of deployment.
2. Identify core concepts of suggested models.
3. Describe of how children's occupations are impacted by deployment.
4. Identify assessments used to evaluate this population.
5. Identify potential interventions based on symptomology and developmental age.
6. Select appropriate assessments and interventions related to the case scenarios.
7. Locate resources available for military families.

These are the Objectives for today’s workshop.
Introduction

- Approximately 2.6 million service members in U.S.
- Since 2001, approx. 250,000 soldiers have been deployed
- 155,000 children are affected by wartime deployments


- Approximately 2.6 million service members serve in the five U.S. military branches including army, marine, air force, coast guard, and navy.

- Since 2001, approximately 250,000 soldiers have been deployed, many of which have endured multiple deployments resulting in differing results when compared to previous wars.

- 155,000 children are affected by wartime deployments
Three Phases of Deployment

- Pre-deployment
- Deployment
- Post-deployment

(Amen, Jallen, Merves, & Lee, 1988; Lincoln, Swift, & Shorteno-Fraser, 2008)

- Deployment is broken into three phases: pre-deployment, deployment, & post-deployment

- **Pre-deployment:** Begins upon notification of deployment and can last from several weeks to several months until member is deployed.

- **Deployment:** Begins when the soldier leaves and may last from several weeks to several months depending on the branch of the military and occupation specialty.

- **Post-deployment:** Begins on the return of the deployed parent and may last several weeks.
The spouses are impacted differently by deployment in each phase.

- **Pre-Deployment:**
  Spouses may feel overwhelmed from all the changes that will occur when their spouse is deployed.

- **Deployment:**
  Spouses may feel more stressed, have more emotional problems, and having more anxiety and depression. Changes may include adapting to the role of being a single parent, making decisions independently, accepting new responsibilities, and learning new skills to take on the new responsibilities.

- **Post-Deployment:**
  The spouse and family must redefine their roles and support the soldier upon their return, which may make the non-deployed spouse feel under appreciated.
Pre-Deployment: Impact on Children

- Pre-school
  - Attention-seeking or regressive behavior

- School-aged
  - Feelings of guilt & loneliness

- Adolescent
  - Expression of anger or denial of any emotional reactions

(Amen, et al., 1988)

- Pre-school:
  Preschoolers are often able to sense tension between parents. In addition, many parents do not talk with their pre-schooler about deployment, which may cause them to become confused, as well as lead to feelings of guilt. These feelings may result in attention-seeking or regressive behavior.

- School-aged:
  Similarly, school-aged children may develop feelings of guilt because they feel responsible for their parent leaving. A male school-aged child may also experience oedipal issues (son being in love with mother) and become obsessed with the mother’s feelings during this stage.

- Adolescents:
  Adolescents may openly express anger, have feelings of abandonment, sadness, loneliness, or denial of any emotional reactions.
Deployment: Impact on Children

- Pre-school
  - Sleeping and eating disturbances, aggression & attention-seeking behaviors

- School-aged
  - Worrying, sleep disturbances, decreased attention span

- Adolescents
  - Acting out in sadness or anger

(Amen, et al., 1988; Lincoln, et al., 2008; Chandra, Burns, Tanielian, Jaycox, & Scott, 2008; Kelly, 1994; Blount, Curry, & Lubin, 1992)

-Families may experience several changes during deployment including a change in school location, house location or parent job loss.

Preschool:
- Infants have been found to have sleep disturbances, eating problems, increased crying.
- Similarly, toddlers have been found to be more clingy, but may also be resistant to eating and sleeping.
- Preschoolers may show regression and displacement such as being aggressive, demanding, or attention-seeking. They may also have difficulty conceptualizing time.

School-age:
- Deployment was found to be most disruptive for families with school aged children.
- School-aged were found to have increased worrying, sleep disturbances and academic difficulties due to decreased attention span. Role changes may also be difficult for these children because many of them are expected to take over roles/routines. Boys being over protective towards their mother may also be seen in this stage.

Adolescents:
- Adolescents may act out in sadness, anger, and may begin to hang out with peers who have a negative influence.
- **Preschool:**
  Preschool children may be excited, clingy, demand more attention or reject the previously deployed parent.

- **School-aged:**
  School-aged children will also experience happiness with returned parent but also express anger and jealousy.

- **Adolescents:**
  Adolescents have been found to have the easiest adjustment in this phase unless the returned parent increases discipline then the child may be angry and defiant.
- Psychological problems may arise when the child has an adverse reaction during one of the phases of deployment.

- According to the literature, children experienced more anxiety when a parent is deployed in comparison to when a parent is not deployed or following the return of the parent. In addition, children of POWs and deployed parents tend to have increased depression and abnormal behaviors such as decreased attention and behavioral challenges. Children with a parent meeting the criteria for PTSD, anxiety and depression have increased symptomology.

- Children of deployed parents have been found to have an increase in somatic complaints, including headaches, muscle tension, gastrointestinal complaints, insomnia, and increased asthma attacks.

- These children were also found to have an increase in blood pressure in comparison to civilian children.
- During deployment, research revealed an increase in children’s *externalizing and internalizing* symptoms which may contribute to higher rates of anxiety and depression. An increase in psychiatric disorders and behavioral problems may increase with parental death during deployment.
- **Externalizing** behaviors include increased attention span, aggressive behavior, disobedience, emotional outbursts, crying, and irritability.

- **Internalizing** behaviors include anxiety/depression, withdrawal, and somatic complaints.

- Children age 3 and older have been found to have clinically elevated internalizing behaviors (Chartrand, et al. 2008).

- Both boys and girls of a deployed parent were found to have increased sadness and boys were found to have higher levels of depression and internalizing behaviors (Rosen, et al., 1993). Children’s behavioral improvement depends on the intensity of the war deployment. Kelly (1994) found children’s behaviors did not improve post deployment in the Persian Gulf War; however, under routine peacetime deployments, their overall behavior did improve.
Video: an interview of a single mother and the challenges deployment created in her family. Also can be found at: http://homefires.blogs.nytimes.com/2009/11/04/oceans-apart/?ref=opinion&8ty&emc=ty

Discussion: What behaviors did the children identify that increased upon deployment?
- The **Person-Environment-Occupation Model (PEO Model)** supports the evaluation and interventions introduced for military children and their families.

- The **FAMILY CENTERED APPROACH** is used in conjunction with this model to incorporate collaboration with the therapist, child and family.
- The **PEO Model (person-environment-occupation model)** focuses on the person, environment, and occupation components in relation to occupational performance, which are the core components of this model.

- The **PERSON** component: addresses all aspects of the individual, however more specifically, with children, the model focuses on temperament, self-concept, health and personality. Occupational performance may be negatively impacted by physical, cognitive, and affective impairments from the personal component.

- The **ENVIRONMENT** component includes: cultural, physical, economical, social, organizational, and psychological aspects. Evaluating and eliminating the environmental barriers allowing for optimal occupational performance is a unique feature of this model and is an important consideration when working with children. Role, habit, and skill development are impacted by environmental demands. Other models assess environment, but lack the connection between environmental, occupational, and personal factors contributing to occupational performance.

- The **OCCUPATION** component includes the task and activities that are meaningful to the child. These are identified by the children and their families. Occupational performance relates to the interaction between occupation, person, and environment.
- **FAMILY CENTERED APPROACH**: is used in conjunction with the PEO model because it’s emphasis on the child, family, and therapist collaboration in addressing the needs of the child. Family involvement remains of high importance because family members are primary caregivers and a constant influence in the children’s lives. Collaboration between the therapist, child, and family is used to incorporate the child’s strengths and needs into the therapy process.

- A few KEY ELEMENTS: 1) respecting family diversity and family coping mechanisms 2) acknowledging children and family’s developmental needs, and 3) encouraging utilization of family-to-family support systems.
*Handout: Impact on Children’s Environment* Provide 5 minutes to fill out table, allow 10 minutes for discussion

- According to Person-Environment-Occupation Model and Family-Centered approach, occupational therapists should evaluate the person, environment and occupation when working with children of deployed parents. The personal components were addressed in the first portion of the workshop. Refer to the handout of a table describing common behavioral reactions in each phase of deployment and developmental stage to identify personal components impacted by deployment.

**GROUP ACTIVITY:**
In a large group, have the attendees fill out the table with environments that may be impacted by deployments.
- What occupations have you found to be effected by deployment?
(promise discussion of occupations impacted by deployment such as identifying school, social participation, ADLs and IADLs, leisure)
All of children’s occupations can be impacted in one way or another.

**Group Activity:**
- Split the attendees into six groups.
- Assign each group one occupation and have them identify possible performance impairments for each age group.
- When completed, the groups will discuss their ideas with the large group.
### Battery of Assessments

<table>
<thead>
<tr>
<th>Assessments</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Function Assessments (SFA)</td>
<td>Evaluates the person/environment/occupation. This is a Criterion-referenced instrument that identifies students' disabilities strengths and weaknesses in important nonacademic functional tasks. Participation, task supports and activity performance. Tasks include classroom, playground, transportation to/from school and between classes, bathroom/toileting, and mealtime. This assessment can be used with children from kindergarten to 6th grade.</td>
</tr>
<tr>
<td>Canadian Occupational Performance Measure</td>
<td>Assesses the person/environment/occupation interaction. The measure also assesses self-care, productivity, and leisure and uses problem identification and semi-structured interviews. This assessment can be used for all ages.</td>
</tr>
<tr>
<td>Pediatric Evaluation of Disability Inventory</td>
<td>Assesses person/environment interaction and can be used for patients 6 months to 7 years. This assesses key functional capabilities and performance by observing self-care, mobility, and social function.</td>
</tr>
<tr>
<td>Sensory Profile</td>
<td>Assesses person/environment interaction and can be used for patients from 3 to 10 years. Complexity of their sensory processing, sensory information related to home, school, and work is assessed and assists with designing strategies for managing daily life.</td>
</tr>
<tr>
<td>Home Observation for Measurement of the Environment</td>
<td>Assesses the environment for patients between birth and 15 years. Observes the quality and quantity of stimulation and support available to children in the home environment. Screens environments that may not be stimulating children and have different inventories for the different age ranges.</td>
</tr>
<tr>
<td>Revised Knox Preschool and Play</td>
<td>Assesses the person and occupation interaction for patients from birth to 6 years. Provides a developmental description of the child’s underlying capacities for play. Preschool, childcare, and home settings may be observed.</td>
</tr>
<tr>
<td>The Occupational Therapy Psychosocial Assessment of Learning (OT PAL)</td>
<td>Assesses the child’s psychosocial development in regards to their physical and social learning environment and therefore their occupational performance.</td>
</tr>
</tbody>
</table>

*These assessments are recommended to be used with children impacted by deployment based on their evaluation of Person-Environment-Occupation and family collaboration.

**SFA (School Function Assessment):** The School Function Assessment evaluates the person/environment/occupation. This is a Criterion-referenced instrument that identifies students' with disabilities strengths and weaknesses in important nonacademic functional tasks. Participation, task supports and activity performance. Tasks include classroom, playground, transportation to/from school and between classes, bathroom/toileting, and mealtime. This assessment can be used with children from kindergarten to 6th grade.

**COPM (Canadian Occupational Performance Inventory):** The Canadian Occupational Performance Inventory assesses the person/environment/occupation interaction. The measure also assesses self-care, productivity, and leisure and uses problem identification and semi-structured interviews. This assessment can be used for all ages.

**PEDI (Pediatric Evaluation of Disability Inventory):** The Pediatric Evaluation of Disability Inventory assesses person/environment interaction and can be used for patients 6 months to 7 years. This assesses key functional capabilities and performance by observing self-care, mobility, and social function.

**Sensory Profile:** The Sensory Profile assesses person/environment interaction and can be used for patients from 3 to 10 years. Complexity of their sensory processing, sensory information related to home, school, and work is assessed and assists with designing strategies for managing daily life.

**HOME (Home Observation for Measurement of the Environment):** The Home Observation for Measurement of the Environment assesses the environment for patients between birth and 15 years. Observes the quality and quantity of stimulation and support available to children in the home environment. Screens environments that may not be stimulating children and have different inventories for the different age ranges.

**Revised Knox Preschool and Play:** The Revised Knox Preschool and Play assesses the person and occupation interaction for patients from birth to 6 years. Provides a developmental description of the child’s underlying capacities for play. Preschool, childcare, and home settings may be observed.

**OT PAL (The Occupational Therapy Psychosocial Assessment of Learning):** The Occupational Therapy Psychosocial Assessment of Learning assess the person/environment/occupation interaction in a school setting. This assessment utilizes a therapist, teacher, and parent collaboration method. This assesses the child’s psychosocial development in regards to their physical and social learning environment and therefore their occupational performance.
Occupational Therapy Interventions:

The following slides present interventions which may be utilized after evaluating the person, environment, and occupation.

- The interventions presented may be used for each age group, however, should be graded for age appropriateness.

Interventions may vary depending on the stage of deployment
Talk about what Deployment is
This discussion may include: reminding the child it is not their fault, their parent is not leaving because of something they have done, it is part of their job, purpose of military in relation to international affairs.

Talk about feelings the children are having:
Fear, sadness, anger, anticipation, curiosity Also talk with child about communication styles (aggressive, passive, passive-aggressive, assertive)

Get the Facts:
- Learn about where the parent is going—look at a map & mark it, learn about weather, what the land looks like, type of food they eat, time difference, miles to get there, job of parent, what stops they will make on the way

Teach coping strategies:
Exercise, meditation, deep breathing, visual imagery, keeping a journal, talking to others - These may be specific to the child’s reaction in this stage. Such as, if the child is aggressive you may focus on deep breathing and finding a healthier coping strategy to deal with their feelings.

Family collaboration: talk with family and provide suggestions you may have as an OT such as, making a video of the parent, who is being deployed, reading books to the child and play them when they are gone, start making roles, routine changes including chores and allowances.

Discussion: How would you grade “getting the facts” to a pre-school aged child?
- Discussion points: you may not go into as much depth with understanding the parent’s job or duties during deployment, limit the activity to having a map showing where you are and where they are and write down what time it is at their home and what time it is where their parent is.
- **Create a Schedule**: (Collaborate with Family and Teachers for all)
  - To establish/restore rules and routines. Discuss what roles have changed for them and the feelings they have about these changes. Suggest establishing a family night to encourage family support, may also suggest getting their child involved in 4H, the boys and girls club, boy/girl scouts.

- **Goal Setting**:  
  - Determine goals the child has for short term, mid term and long term while their parent is gone.

- **Communication**:  
  - Talk about the type of communication skills they have or are using. Learn healthy ways of communication such as role playing, charades, talking with parents/teachers, writing letters to deployed parent.

- **Coping Skills**: Talk about: 1) feelings they are having during deployment and ways to deal with these feelings (Suggestions may be to encourage writing a letter/sending card/picture, finding a new hobby, keeping a journal, also making a routine of sending care packages with pictures, videos, food, or keep a calendar of daily events that occurred). 2) signs of stress: such as headaches. Create a sleep routine to assist with common reaction of sleep disturbances.

- **Prepare for Homecoming**:  
  - Talk about homecoming events and what to expect. Talk about what feelings they may have, what things may change when the parent returns (roles, routines), talk about how you may not be able to tell the parent everything you have done since they have been gone all at once, they parents may need to have time alone, talk about things they can do to help out their parents, help the child be excited and proud of parent returning but realistic with expectations.
Post-Deployment

- Talk about what Reunion is
- Talk about feelings
- Coping Skills
- Establish/restore routines & roles

Talk about what Reunion is:
Realistic expectations of reunion, help the child write down what things have changed so they can give it to their parent or share it.

Talk about feelings:
Discuss feelings the child may be having and ways to deal with them.

Coping skills:
With feelings they have discussed find coping strategies that may be helpful for them at this time.

Establish/restore routines and roles:
Collaborate with family to establish rules, routines and roles that may have changed and discuss their feelings related to these. Discuss the need to be flexible and need to understand their parents may not be able to do the same things they used to. (this may also be specific to the parent/child situation).
Case Scenario 1

- A 4 year-old male with a parent who has been deployed for 5 months, attends Head Start at a local school. His teacher has reported the child has been increasingly aggressive with peers and has difficulty following directions.

*Read Case scenario and have small groups discuss possible assessments and interventions that may be used.

Example:
Assessments- could use the sensory profile to assist with determining what type of coping strategies to utilize and the Pediatric Evaluation of Disability Inventory to assess social functioning specifically.

Interventions: Talk with the child about his feelings about deployment, drawing pictures, finding coping strategies such as heavy work to release the aggression in a healthier way. Also collaborate with the teacher and family with establishing time-outs, recognizing patterns of escalation, prompting the use of coping strategies.
Case Scenario II

- A 10 year-old female has recently found out her father will be deployed in a month. Her mother has reported she has been engaging in self-harming behaviors and has isolated herself socially.

Example:
Assessment: The Occupational Therapy Psychosocial Assessment of Learning, to assess social and physical learning

Interventions: Talk about feelings, collaborate to encourage involvement with programs such as big brother/big sister, find coping skills: such as using a rubber band around her wrist
Case Scenario III

- A 15 year-old female whose father recently returned from a 13-month deployment has been falling asleep during class and adopted a new set of potentially delinquent group of friends.

Examples:
Assessments: Canadian Occupational Profile Measure to determine her own goals with collaboration

Interventions: Establish /restore routines, roles, and habits within the household with family collaboration. Talking about feelings related to deployment/post-deployment and find coping skills to assist her with behaviors/feelings. Encourage engagement in programs such as big brother/big sister.
There is a growing need for occupational therapists to address deployment-related issues. A family-centered approach may be utilized in order to restore daily roles, routines and relationships affected by deployment. It is also important to consider that each family has unique needs and to evaluate and treat all aspects of the child including the influence of the family unit.
Here is a list of resources along with a chart of resources that are available through the internet and could be helpful to you in your practice or for the children’s families.
*ask the audience if they have any questions
Please complete the post-test prior to leaving. Thank you for attending!
References

- See Reference Handout
INSTRUCTOR ACTIVITY GUIDES
### Impact on Children’s Environment

Large Group Activity: Instructor Guide

<table>
<thead>
<tr>
<th></th>
<th>Pre-School</th>
<th>School-Age</th>
<th>Adolescent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cultural</strong></td>
<td>Cultural change due to location of home and school</td>
<td>Cultural change due to location of home and school</td>
<td>Cultural change due to location of home and schoolNe</td>
</tr>
<tr>
<td><strong>Physical</strong></td>
<td>Location of school and home</td>
<td>Location of school and home</td>
<td>Location of school and home</td>
</tr>
<tr>
<td><strong>Economical</strong></td>
<td>Family Financial hardship- don’t get the toys want</td>
<td>Family Financial hardship- don’t get the toys/clothes want</td>
<td>Family Financial hardship- don’t get the clothes want</td>
</tr>
<tr>
<td><strong>Social</strong></td>
<td>New friends or isolation</td>
<td>New Friends or isolation</td>
<td>New Friends or isolation</td>
</tr>
<tr>
<td><strong>Organizational</strong></td>
<td>Rules change within home environment</td>
<td>Rules change within home environment</td>
<td>Rules change within home environment</td>
</tr>
<tr>
<td><strong>Psychosocial</strong></td>
<td>Internalizing / Externalizing</td>
<td>Internalizing / Externalizing</td>
<td>Internalizing / Externalizing</td>
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</tbody>
</table>
## Children’s Occupational Impairments

Group Activity: Instructor Guide

<table>
<thead>
<tr>
<th></th>
<th>Pre-School</th>
<th>School-Age</th>
<th>Adolescent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Education</strong></td>
<td>Decreased attention span</td>
<td>Decreased attention span= poor grades</td>
<td>Defiance</td>
</tr>
<tr>
<td><strong>Social Participation</strong></td>
<td>Attention seeking or aggressive behavior</td>
<td>Angry outbursts</td>
<td>Running with the wrong crowd</td>
</tr>
<tr>
<td><strong>Leisure</strong></td>
<td>Always looking for attention while participating</td>
<td>Decreased participation</td>
<td>Participating in defiant activities</td>
</tr>
<tr>
<td><strong>Play</strong></td>
<td>Aggressive while playing</td>
<td>Decreased participation</td>
<td>Defiant activities</td>
</tr>
<tr>
<td><strong>ADLs</strong></td>
<td>Sleep and eating disturbances</td>
<td>Sleep disturbances</td>
<td>Dress inappropriately</td>
</tr>
<tr>
<td><strong>IADLs</strong></td>
<td>Attention seeking while completing tasks</td>
<td>Inability to complete task due to decreased attention span</td>
<td>Refuse to complete tasks</td>
</tr>
</tbody>
</table>
Learning Objectives

The therapist will be able to:

1. Identify the effects of deployment on children in each phase of deployment.
2. Identify core concepts of suggested models.
3. Describe how children's occupations are impacted by deployment.
4. Identify assessments used to evaluate this population.
5. Identify potential interventions based on symptomology and developmental age.
6. Select appropriate assessments and interventions related to the case scenario.
7. Locate resources available for military families.

Introduction

- Approximately 2.6 million service members in U.S.
- Since 2001, approx. 250,000 soldiers have been deployed
- 155,000 children are affected by wartime deployments

Three Phases of Deployment

- Pre-deployment
- Deployment
- Post-deployment

(Amen, Jaffe, Mevor, & Lee, 1998; Lincoln, Swe, & Thomas-Fraser, 2008)

Impact on Spouse

- Pre-Deployment
- Deployment
- Post-Deployment

Pre-Deployment: Impact on Children

- Pre-school
  - Attention-seeking or regressive behavior
- School-aged
  - Feelings of guilt & loneliness
- Adolescent
  - Expression of anger or denial of any emotional reactions

(Amen, et al., 1998)
**Slide 7**

**Deployment: Impact on Children**

- **Pre-school**
  - Sleeping and eating disturbances, aggression & attention-seeking behaviors
- **School-aged**
  - Worrying, sleep disturbances, decreased attention span
- **Adolescents**
  - Acting out in sadness or anger

(Ames, et al., 1998; Lievada, et al., 2008; Chandra, Burns, Torres, Joyce, & Scott, 2008; Kelly, 1994; Shatt, Curtis, & LaRue, 2001)

**Slide 8**

**Post-Deployment: Impact on Children**

- **Pre-School**
  - Excited, clingy, demanding of attention or reject parent
- **School-aged**
  - Happiness or anger and jealousy
- **Adolescent**
  - Happiness or anger and defiant

(Ames, et al., 1998)

**Slide 9**

**General Psychological & Physical Impacts**

- Anxiety, depression, decreased attention, emotional challenges.
- Increased somatic complaints
  - Headache
  - Muscle tension
  - Gastrointestinal complaints
  - Insomnia
  - Respiratory and blood pressure

(Al-Turki & Chaudhri, 2006b; Chandra, et al., 2005; Guerra, et al., 2005; Hoheler, et al., 2007)
Behavioral Reactions

- Externalizing
- Internalizing

Externalization & Internalization Examples

<table>
<thead>
<tr>
<th>Externalization Examples</th>
<th>Internalization Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decreased attention span</td>
<td>Anxiety</td>
</tr>
<tr>
<td>Aggressive behavior</td>
<td>Depression</td>
</tr>
<tr>
<td>Disobedience</td>
<td>Withdrawal</td>
</tr>
<tr>
<td>Emotional outbursts</td>
<td>Somatic Complaints</td>
</tr>
<tr>
<td>Crying</td>
<td>Irritability</td>
</tr>
</tbody>
</table>


Video

[http://www.youtube.com/watch?v=gr6njaNDi8]
Models & Approach

- Person-Environment-Occupation Model
- Family-Centered Approach

Person-Environment-Occupation Model

Family-Centered Approach

Law & Dunkel, 2007; Rogers & Holm, 2009; Rigby & Letts, 2003

Lawler & Mattingly, 2009; Hoyle, 1999; Hoyle, 1999; Hoyle, 1999
Impact on Children's Environment

- Integration Activity

Impact on Children's Occupation

- What occupations have you found to be effected by deployment?

- Education
- Social Participation
- Leisure
- Play
- ADLs
- IADLs
**Slide 19**

**Battery of Assessments**

- School Function Assessments (SFA)
- Canadian Occupational Performance Measure
- Pediatric Evaluation of Disability Inventory
- Sensory Profile


**Slide 20**

**Occupational Therapy Interventions**

**Slide 21**

**Pre-Deployment**

- Talk about what Deployment is
- Talk about feelings the children are having
- Get the facts
- Teach coping strategies
Slide 22

**Deployment**

- Create a schedule
- Goal setting
- Communication
- Coping Skills
- Prepare for homecoming

Slide 23

**Post-Deployment**

- Talk about what Reunion is
- Talk about feelings
- Coping Skills
- Establish/restore routines & roles

Slide 24

**Case Scenario I**

- A 4 year-old male with a parent who has been deployed for 5 months, attends Head Start at a local school. His teacher has reported the child has been increasingly aggressive with peers and has difficulty following directions.
Case Scenario II

- A 10 year-old female has recently found out her father will be deployed in a month. Her mother has reported she has been engaging in self-harming behaviors and has isolated herself socially.

Case Scenario III

- A 15 year-old female whose father recently returned from a 13-month deployment has been falling asleep during class and adopted a new set of potentially delinquent group of friends.

Summary
Slide 28

Resources

- www.af.mil
- www.uscg.mil
- www.army.mil
- www.military.mil
- www.militaryonedayource.com
- www.army.mil
- www.military.mil
- www.militaryonedayource.com

Slide 29

Questions

Slide 30

Post-Test

- Please complete the post-test
- Thank you for your attendance!!
References

• See Reference Handout
### Impact on Children’s Environment

**Large Group Activity**

<table>
<thead>
<tr>
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<th>Pre-School</th>
<th>School-Age</th>
<th>Adolescent</th>
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<tbody>
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<td>Economical</td>
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<tr>
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<tr>
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Children’s Occupational Impairments

Group Activity

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</thead>
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<td>Education</td>
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<td></td>
</tr>
<tr>
<td>Social Participation</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Leisure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Play</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADLs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IADLs</td>
<td></td>
<td></td>
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</tr>
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</table>
## Battery of Assessments

Suggested Assessments Evaluating PEO

<table>
<thead>
<tr>
<th>Assessment Name</th>
<th>Description</th>
<th>Age Group</th>
<th>Concepts Evaluated</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Function Assessment</td>
<td>Criterion-referenced instrument that identifies students' with disabilities strengths and weaknesses in important nonacademic functional tasks. Participation, task supports and activity performance. Tasks include classroom, playground, transportation to/from school and between classes, bathroom/toileting, and mealtimes.</td>
<td>K-6th grade</td>
<td>Person/Environment/Occupation</td>
</tr>
<tr>
<td>Canadian Occupational Performance Measure</td>
<td>Assesses self-care, productivity, and leisure focusing on problem identification with semi-structured interviews.</td>
<td>All ages</td>
<td>Person/Environment/Occupation</td>
</tr>
<tr>
<td>Pediatric Evaluation of Disability Inventory</td>
<td>Assesses key functional capabilities and performance by observing self-care, mobility, and social function.</td>
<td>6 months-7 years</td>
<td>Person/Environment/Family/Collaboration</td>
</tr>
<tr>
<td>Sensory Profile</td>
<td>Complexity of their sensory processing, sensory information related to home, school, and work, and assists with designing strategies for managing daily life.</td>
<td>3-10 years</td>
<td>Person/Environment/Family/Collaboration</td>
</tr>
<tr>
<td>Home Observation for Measurement of the Environment</td>
<td>Observes the quality and quantity of stimulation and support available to children in the home environment. Screens environments that may not be stimulating children and have different inventories for the different age ranges.</td>
<td>Birth-15 years</td>
<td>Person/Environment/Family/Collaboration</td>
</tr>
<tr>
<td>Revised Knox Preschool and Play</td>
<td>Provides a developmental description of the child's underlying capacities for play. Preschool, childcare, and home settings may be observed.</td>
<td>Birth-6 yrs</td>
<td>Person/Occupation/Family/Collaboration</td>
</tr>
<tr>
<td>The Occupational Therapy Psychosocial Assessment of Learning</td>
<td>Assesses the child's psychosocial development in regards to their physical and social learning environment and therefore their occupational performance.</td>
<td>6-12 years</td>
<td>Person/Environment/Occupation/Family/Collaboration</td>
</tr>
</tbody>
</table>

(Bundy, 2005; Dunn, 2000; MOHO Clearinghouse, 2008; Pearson Education, 2009a; Pearson Education, 2009b; Pearson Education, 2009)
### Impact on Children

Behaviors Experienced in Each Phase of Deployment and Developmental Age

<table>
<thead>
<tr>
<th>Developmental Age</th>
<th>Pre-Deployment</th>
<th>Deployment</th>
<th>Post-Deployment</th>
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</thead>
<tbody>
<tr>
<td><strong>Pre-School</strong></td>
<td>Attention-seeking</td>
<td>Sleeping disturbances</td>
<td>Excited</td>
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<tr>
<td></td>
<td>Regressive</td>
<td>Eating disturbances</td>
<td>Clingy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Aggression</td>
<td>Demanding of</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Attention-seeking</td>
<td>attention or</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Reject parent</td>
</tr>
<tr>
<td><strong>School-Age</strong></td>
<td>Feelings of guilt</td>
<td>Worrying</td>
<td>Happiness or</td>
</tr>
<tr>
<td></td>
<td>Loneliness</td>
<td>Sleep disturbances</td>
<td>Anger and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Decreased attention span</td>
<td>Jealousy</td>
</tr>
<tr>
<td><strong>Adolescent</strong></td>
<td>Expressed anger</td>
<td>Acting out in sadness</td>
<td>Happiness or</td>
</tr>
<tr>
<td></td>
<td>Denial of any</td>
<td>or anger</td>
<td>Anger and defiance</td>
</tr>
<tr>
<td></td>
<td>emotional reactions</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Resources for Military Families dealing with Deployment

<table>
<thead>
<tr>
<th>Resource Type</th>
<th>Resource Location</th>
<th>Age</th>
<th>Purpose</th>
<th>Activity Examples</th>
<th>Deployment Phase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity Books</td>
<td>*Family Support Center</td>
<td>• Children</td>
<td>• To provide children with fun activities while learning about feelings, ways to cope and ways to increase communication.</td>
<td>• Coloring activities with stories, written communication tools, military education, learning about feelings in each phase of deployment</td>
<td>• Deployment and Reunion</td>
</tr>
<tr>
<td>DVDs</td>
<td>• Military One Source or Family Readiness Center</td>
<td>• 2-5</td>
<td>• Assist children with understanding deployment, ways to cope, difficulties with reunion and normal emotions.</td>
<td>• Sesame Street characters stories and interviews with military children and families</td>
<td>• All phases</td>
</tr>
<tr>
<td></td>
<td>• Mr. Poe and Friends: Discuss family reunion after deployment</td>
<td>• 6-10</td>
<td>• Assist children to develop positive coping strategies to deal with pre-deployment/separation/reunion.</td>
<td>• Interviews with military children/families</td>
<td>• All phase</td>
</tr>
<tr>
<td></td>
<td>• Military Youth Coping with Separation: When family members deploy</td>
<td>• 11 &amp; up</td>
<td>• For adolescents facing military deployment to help them understand and cope with feelings related to deployment.</td>
<td>• Interviews and education about feelings</td>
<td>• Pre-deployment/Deployment</td>
</tr>
<tr>
<td></td>
<td>• Help from Home: Deployment support for military service members and families</td>
<td>• All ages</td>
<td>• For families post-deployment to assist with transition and reunion.</td>
<td>• Stories and challenges providing insight from multiple perspectives.</td>
<td>• Reunion</td>
</tr>
<tr>
<td>Information</td>
<td>• Family Support Center</td>
<td>• Adults</td>
<td>• Prepare the parent/spouse for deployment related issues.</td>
<td>• Education information regarding legal issues, financial information, managing personal property, &amp; emergency preparation</td>
<td>• All phases</td>
</tr>
</tbody>
</table>
POST-TEST ASSESSMENT
Children Impacted by Deployment: An Occupational Therapist’s View

Post-Test

1. Describe effects deployment has on children in each developmental age:
   a. Pre-school:
   b. School-aged:
   c. Adolescent:

2. Identify core concepts of the two models suggested to be used with children impacted by deployment.
   a. Person-Environment-Occupation Model (PEO):
   b. Family-Centered Approach:

3. Describe how children’s Occupations and Environments are impacted by deployment.
   a. Occupation:
   b. Environment:

4. List three assessments that evaluate concepts of the PEO Model and/or family-centered approach.

5. Describe an intervention you may use for a child who’s parent just found out they were going to be deployed.

6. List two ways to get more information or tools for yourself or for parents when working with children impacted by deployment.
WORKSHOP REFERENCES
References


CERTIFICATE
CERTIFICATION OF CONTINUING EDUCATION IN:

CHILDREN IMPACTED BY DEPLOYMENT: AN OCCUPATIONAL THERAPIST’S VIEW

PRESENTED TO:

NAME OF RECIPIENT

PRESENTERS:

DATE _______________

4 CONTACT HOURS

SIGNATURE SIGNATURE
CHAPTER V
SUMMARY

Children with a deployed parent experience psychological and emotional impacts unique to each phase of deployment and developmental stage. The literature review revealed a lack of resources for occupational therapists working with children impacted by deployment. The goal of this scholarly project is to provide occupational therapists with an educational workshop to enhance evaluation and interventions when working with children and families affected by deployment.

Limitations and Recommendations

There are several limitations of this project. First, the project focuses on clients under the age of 18 years and as a result limits the application of the information presented. Secondly, the workshop is directed towards occupational therapists working with children, which limits the target audience in the number of occupational therapists and other professionals who may attend. The project is limited to presenting suggestions for evaluation and treatment in a workshop format; published materials or manuals are not currently available. Lastly, the project was built based on literature reflecting past military-related history, thus potentially limiting the applicability of the information to the current target population.
Recommendations for future improvements include developing materials to address clients of all ages that are affected by deployment. Adapting the case scenarios to reflect a broader age group, for example, is one way to overcome this limitation.

Advertising the workshop to a wider population of occupational therapists and other professionals who work with children impacted by deployment has the potential to also expand awareness of the unique issues facing these children. Including other disciplines is also compatible with the intent of the PEO Model. An additional recommendation would be to further develop the workshop materials to include a manual for intervention implementation. Regular updates to the literature review will permit the workshop facilitator to be up-to-date with published accounts of the currently identified effects of deployment on soldiers, spouses, and children.

**Implementation of Project**

The workshop is designed for implementation with occupational therapists who are presently working with children affected by deployment. A date, time, and location will be determined and a brochure of the workshop will be sent to local registered occupational therapists. The facilitator will implement the workshop using the information provided in Chapter IV. A pre- and post-test will be utilized to measure the effectiveness of the workshop.
Conclusion

The workshop *Children Impacted by Deployment: An Occupational Therapist's View* is an educational tool for occupational therapists working with children effected by deployment. The goal of this educational tool is to enhance the occupational therapists’ knowledge base on effects of deployment and to assist therapists effectively evaluate and treat children impacted by deployment.
APPENDIX

PHOTOGRAPHY CONSENT FORM
PHOTOGRAPHY CONSENT FORM / RELEASE

I, (print name) __________________________ hereby grant permission to Angela Thielien, MOTS and Lisa Mitteness, MOTS, to take and use photographs and/or digital images of me for use in their Master's in Occupational Therapy Scholarly Project and presentation. These materials might include printed publication and an educational presentation. I authorize the use of these images without compensation to me.

(Date)

(Signature of adult subject)

(Address)

(City, State, Zip)

RELEASE FOR MINOR CHILDREN (Under 18)

I, (print name) __________________________ parent or official guardian of (children's names) __________________________ hereby grant permission to Angela Thielien, MOTS and Lisa Mitteness, MOTS, to take and use photographs and/or digital images of my children for use in a Master's in Occupational Therapy Scholarly Project as follows: printed publication and an educational presentation. I authorize the use of these images without compensation to me.

(Date)

(Signature of Parent or Guardian)

(Address)

(City, State, Zip)
REFERENCES


Grieger, T. A., Cozza, S. J., Ursano, R. J., Hoge, C., Martinez, P. E., Engel, C. C., &


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www.calguard.ca.gov/Pages/default.aspx

deployment extensions on spouses of active duty army personnel. *Military
Medicine, 173*(3), 221-229.

*Occupational Therapy for Children*. St. Louis, MO: Elsevier, Inc.


injuries during Operation Iraqi Freedom II: Results from the US navy-marine

Trauma Rehabilitation, 21*(5), 398-402.

Medicine, 146*, 320-322.

distributions among U.S. army and marine corps personnel during Operation Iraqi