Services for Youth from Military Families

SUMMARY OF THE SPECIAL FORUM HELD AT THE 2006 GEORGETOWN UNIVERSITY TRAINING INSTITUTES
ORLANDO, FLORIDA • JULY 2006

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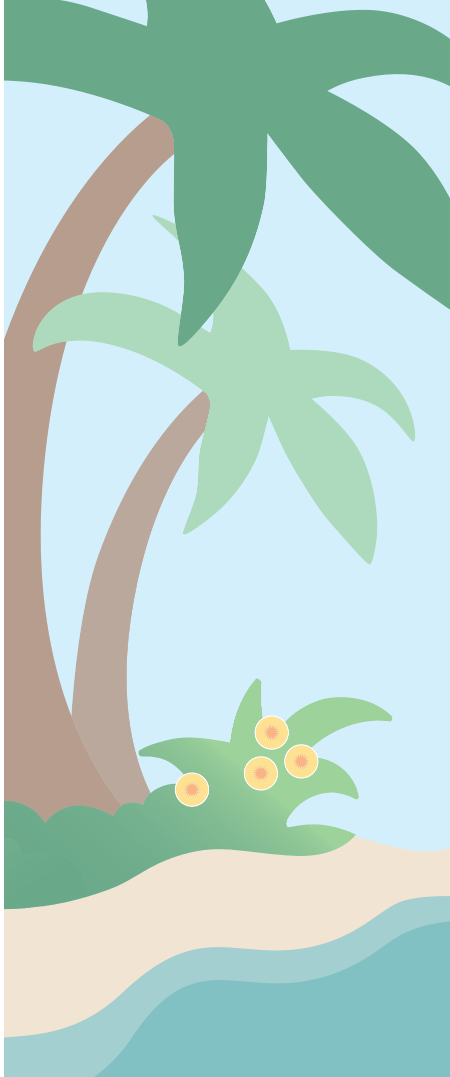

Introduction

A series of Special Forums were held at the Georgetown University Training Institutes in July 2006 to provide opportunities for dialogue about critical issues in order to contribute to the development of future policy and technical assistance. The Special Forums were designed as interactive discussions about communities and populations with unique service needs, requiring specialized planning and service delivery approaches within systems of care. Specifically, the goals of the Special Forums were to:

- Summarize issues and challenges related to each topic
- Identify effective service delivery strategies for local systems of care
- Develop recommendations for policy and technical assistance that will support communities in implementing these effective service delivery strategies

Each Special Forum began with brief framing presentations summarizing issues and challenges related to the topic and offering examples of effective service delivery strategies. The remainder of the forum consisted of facilitated discussion among forum participants focusing on recommendations for services, financing, policy, advocacy, information development and dissemination, and training and technical assistance. The Special Forums were tape recorded and transcribed, and additional input was collected from participants through worksheets completed at the conclusion of each forum. These materials were used to prepare a paper summarizing the issues and recommendations resulting from each Special Forum.

This paper presents the issues and recommendations from the Special Forum on Services for Youth from Military Families. Presenters included:

- Elizabeth Sweet, *Public Health Advisor, Child, Adolescent and Family Branch, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, Rockville, MD*
- Major Keith Lemmon, M.D., *Adolescent Medicine Fellow/Pediatrician, San Antonio Military Pediatric Center, Adolescent Medicine Division, Fort Sam Houston, TX*
- Lt.Col. Judith Mathewson, Ph.D., *Program Manager, DEOMI Reserve Components Course, Air National Guard Service Liaison Officer, Tragedy Assistance Program for Survivors Good Grief Camp, Melbourne, FL*
- Col. Elisabeth Stafford, M.D., *Program Director, Adolescent Medicine Fellowship, San Antonio Uniformed Health Education Consortium, Brooke Army Medical Center Department of Pediatrics, Fort Sam Houston, TX*

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Issues and Strategies

Elizabeth Sweet noted that although systems of care typically do not have military installations within their boundaries, nearly all communities have members who are national guard reservists, many of whom have been or currently are deployed. Sweet emphasized that systems of care must consider how they will support the children and families of those service men and women both during deployments and when veterans return home. It is critically important to alert child and family serving professionals in communities about military family issues in order to spur creative action for supporting military families.

Challenges of Military Life for Children and Families

Major Keith Lemmon is a board certified pediatrician and an adolescent medicine specialist in training; he enlisted in 1989 and has been an army officer since 1993. He served with the 82nd Airborne Division in Fort Bragg, NC and was deployed to Afghanistan. When he was not deployed, Major Lemmon spent a great deal of time working with stressed military families and, in particular, with children whose parents had been deployed. Through a subsequent fellowship in San Antonio, he began to examine more closely the effects of deployment on child and adolescent mental health. Major Lemmon noted that, as we enter the fifth year of the global war on terrorism, there is increasing recognition that this is potentially one of the top stresses for children and adolescents, though often it is not recognized. In the reserve component (the National Guard and Reserves), families are seeking help from mental health providers who are, for the most part, unfamiliar with the culture of the military and are not likely to understand this issue. Besides deployment, another issue is the effect on children of severely injured soldiers and deceased soldiers. It is becoming apparent that more attention and research are needed to examine the impact of these war-related stresses on children and families. One project to understand the impact on children involved going to Operation Purple Camp in New Hampshire and interviewing 25 young people, including young children, older children, and teenagers with a deployment in their family, to explore their experience. The interviews were recorded and a DVD was produced with youth participating in script development and a teen narrator—a youth-guided effort.

Col. Elisabeth Stafford grew up in an air force family since her father was in the air force for 31 years. He served in the Vietnam War and was separated from her family for over a year when she was in the sixth grade. She married a man in the army and joined the army herself, receiving a scholarship to attend medical school. They have been in the military for nearly 30 years and had the experience of being dual military, raising a family in the military, and having her husband deploy more frequently than she.

Col. Stafford noted that currently there are 1.4 million active duty service members, with over 700,000 spouses and 1.2 million children. About 40% of these children are within the birth to five age range, 32% between six and 11, and 24%, fully a fourth of them, are teenagers 12 to 18. A small proportion, 4%, is between the age of 18 and 23; health care benefits are provided to children in military families up to the age of 23. The National Guard and Reserves have close to 900,000 service members scattered around the nation, with about half of them (430,000) being married. There are 714,000 children in Guard and Reserve families from birth to 18.

Col. Stafford stated that everyone knows the inherent dangers of having a career in the military, both in peace time training activities involving heavy equipment and ammunition, as well as combat. Although there is close attention to risk reduction and accident prevention, the nature of the work puts military service members in danger not only in war, but also in day-to-day activities. In the aftermath of 9-11, there was a real change in terms of a national heightened sense of vulnerability and recognition of the potential of being struck at within our own borders. The week of 9-11, Col. Stafford was in Washington, DC. Her conference was shut down that morning, and she reported to the National Naval Medical Center. She spent the week there as they were preparing one of the hospital ships to go to New York. Within a day or two of 9-11, military children were articulating to their parents, "Mommy, are they going to hurt the ships that you're going on? Is something going to happen to you?" When she returned to San Antonio, Fort Sam Houston, security was dramatically increased, and there was a real sense of vulnerability expressed by people on a day-to-day basis. A very palpable, new, and pervasive anxiety was impacting military families as members of the armed forces and their families were seen as potential targets for terrorism. Overseas, security efforts were ramped up, which had an impact on families and children. Security levels were significantly increased at all military installation entrances, a constant reminder of

potential danger when leaving and entering, not only for service members, but for children and other family members. This layer of anxiety is something new and different, a very observable change that is exacerbated by ongoing geo-political volatility and ongoing friction in the Middle East, North Korea, and in other parts of the world. Often, media coverage intensifies stress. All of these things stir into the mix of raising the anxiety levels of military family members who ask, "Where are we going next? When are things going to settle down in Iraq?"

Another challenge for military families is related to the frequency of moves in military life and the stress of relocation. Military families move two to three times as often as their civilian counterparts, and the moves are not just across town, but rather from state to state and overseas to new countries where children become a new instant minority member of society, often with language barriers. There are educational impacts related to these relocations, with states having different sets of criteria for graduation from high school, for class standing, for the ability to receive scholarships, or for a place in the orchestra. The constant struggles of relocation involve starting all over again and building a new support network. An adult family member, who has done this several times, learns the routine. However, for a child who does not have the experience with relocation, it may seem like the end of the world, losing a best friend, and having to start all over again. There is a subset of children who, with ongoing frequent moves, will start to shut down because it takes too much energy to make those new connections. You can get hurt if you get too close to people and then have to say goodbye. In pediatric practice, it is important when doing school and sports physicals to recognize children who do not seem to be engaging in the community as expected. This is another feature to be sensitive to in terms of the on-going psycho-social development of children in military families. Separations from parents and safety concerns for parents create another set of challenges for children in military families.

Col. Stafford explained that all of these stresses are compounded if the child has special needs, such as educational issues, hearing impairments, attention deficit disorders, learning disabilities, or emotional disorders. Special needs make other challenges related to military life more difficult for the child and the family. For example, there may be greater anxiety when relocating if you have a child with a chronic illness and are leaving a place where there was a health care infrastructure in place, and moving somewhere where the necessary health care and supports are not yet in place. Military health care providers need to be proactive in considering the possibility of adjustment issues and in offering services, "Let me give you my card. Let's make sure we're seeing Johnny within a month of school starting to see how things are going."

Emotional Cycle of Deployment

Col. Stafford described the emotional cycle of deployment, which is a critical concept for those working with children and youth in military families, including teachers, school counselors, pediatricians, family practitioners, and parents themselves. The cycle comprises a process much like Elizabeth Kubler Ross' construct of death and dying and the grieving process. It was first described in the navy medical literature in exploring a predictable cycle of emotional response that navy spouses experienced with respect to the deployment of their navy husbands for prolonged periods of time. Over time, the concept was generalized to describe the family process impacted by military deployment. The phases include ***pre-deployment***, which is the time before the actual deployment, but after notification has occurred. This phase is of variable length, depending on the nature of the unit to which the service member is attached. Deployment might be rapid in some cases, and families know that the bag is packed and by the front door, the wills are in order, and the game plan should be in place for family support. In other units, the word is out that the unit will be deployed sometime in the next year. Then, comes the actual ***deployment*** of the service member. An immediate impact and adjustment typically occurs in the first four weeks of the service member leaving. Then, a ***sustainment period*** is experienced, in which the family re-equilibrates and "hunkers down," knowing that they must get through this deployment; a new pattern of family routine comes into play. Then, the time approaches for the return of the service member, ***redeployment***. There are unique, emotional responses that occur when the service member returns. An adjustment period generally is played out over several months as the family re-integrates and re-equilibrates to bring the service member back into the family fold. Again, a new structure, family routines, and renegotiated power plays are carried out during this phase. Consider a father on an isolated tour of duty for a year to

Korea, trying to keep in line a group of young soldiers. He comes home and starts interacting with his teenage son just as he was interacting with those soldiers. But his son is not in the military. People may need a counseling intervention to make an adjustment and re-group. Col. Stafford described each stage in greater detail:

- **Pre-Deployment Phase—**During the pre-deployment phase, all the family members begin to gear up with anticipation of the impending loss. This varies depending on factors such as whether the family has been through this before, how close are they to any extended family members for support, and whether they have newly relocated. A common coping mechanism is denial—"It's not going to happen" or "Maybe it'll all be over before then." Another reaction may be anger—"Why are they going again? That other unit hasn't gone." Anger may be exacerbated by long training hours as the unit prepares for the deployment, requirements to work with the equipment, and last minute training activities that take additional time away from the family. The service member also may begin to pull away somewhat as the focus is on the impending mission and on the need to develop increased unit cohesion as they get ready to go into harm's way. This may create a great deal of friction in the family. Commanders are required to be sensitive to balancing the time carved out for service members to be with their loved ones as they get ready to leave, particularly for extended periods of time. But, as the time moves closer, a phenomenon occurs in which loved ones begin to mentally distance themselves from each other as a protective mechanism from the impending loss. Tensions run high and arguments are possible right before the service member leaves. For a young inexperienced couple, this can create a lingering anxiety and disruption that gets carried forward into the deployment because the last words were those in anger.
- **Deployment—**The service member has now left, resulting in mixed emotions. The count down begins to them coming home. "Okay, they're gone, the sooner that they're going to get home." This is a critical period in the family adjustment, resulting in problems including sleep difficulties, new fears and worries about feeling secure or safe in their neighborhood, and others. For the spouse who has never been through this before, this phase can result in feeling totally overwhelmed, numb, sad and alone, with no energy, perhaps even incapacitated. "How am I going to get through this?" It may involve a reactive kind of acute depression. However, there is a family to take care of, an infant, a toddler, children who still need help with their homework. Thus, it is critical for the remaining caregiver parent to be able to pull out of this. We have an opportunity to be sensitive to this phase, to recognize related problems, and to offer assistance during this time. For example, when seeing a child for a well-baby check, the pediatrician can ask, "Do you have a family member getting ready to deploy, who is currently deployed, or who is recently returned? And how's that going?" In most cases, the feelings are just under the surface and will spill out. Sometimes urgent or emergent referrals are made after identifying issues. But, all of us in communities have opportunities to be sensitive to these issues and to offer support—as friends, neighbors, or professionals. That is the notion that needs to reach civilian pediatricians and others who interact with active duty service, guard, and reserve members.
- **Sustainment—**The sustainment phase follows, during which new routines are established as family members come into a new pattern. For healthy families, this phase involves re-grouping and moving forward to get through the deployment. The family creates new routines and often finds new sources of support. During this time frame, a spouse may, over time, feel more in control of the situation, "I can do this. I'm surprised, but I'm doing it. I'm making my way through. I'm balancing the checkbook. I'm changing the tire." Teenage children can find the contributions they are making to be a source of pride. For children and adolescents, it is important to find ways to allow them to continue with ongoing activities that they had before the deployment. These activities allow them to have the support of their friends and to be distracted from the anxieties and worries over a parent being in harm's way. There may be more requirements for the teenager to take responsibility—"Buck up and be the little man, you're the man of the family now, with your dad away." However, it is important to maintain a balance between responsibilities and continuing ongoing activities, as well as providing extra physical contact and reassurance during the time of the deployment. It is critical to educate the community and parents to recognize children's distress and new patterns of

behavior that suggest that the child is having difficulty with a parent being absent.

- **Redeployment—**This is the time when the end is in sight and the return of the service member is anticipated. Again, this phase can bring a mixed bag of emotions, excitement, and joy that a loved one is returning to the fold and family, but at the same time apprehension. "Has she changed? Has he changed? What has he been through? I know there's things that he or she has not told me. Will I be able to help?" Often, there is a burst of energy, "nesting," trying to make everything right, in preparation for the return of the service member. There may be distraction, difficulty concentrating, and difficulty making decisions. There often is a romanticized, idealized picture of how the return of the service member will play out—the family there with open arms and service members swooping in to resume all the roles that they were in before. At the same time, there is a degree of loss of independence that that spouse running everything in the other's absence must face and a similar loss of independence for the service member who had a different lifestyle during the deployment period. When service members come home, struggling with mental health issues and trying to process what they have been through, there is a real need for them to have their own, separate space and down time. Routines must be renegotiated and the service member reintegrated into the family. "How do the family members, as they reintegrate, go through the dance of feeling each other out, being patient with each other, and recognizing when to move up close and when to back off?" Issues also are created by the return of the service member to children who are a year older, an infant who doesn't know this person as their parent, or a teenager who has become more independent, autonomous, learned how to drive, or has been living with a different set of limits from those that the returning service member had practiced. Thus, the family re-adjustment comprises another critical period.

Difficulties with deployment can be predicted by preceding family problems, mental health issues, children with special needs, particular closeness to the deployed parent, and recent family relocations with limited supports in place. If the family was struggling prior to the deployment, the likelihood is that problems will resurface with the return of the service member. Mental health problems experienced by many service members (generalized anxiety disorder, depression, post-traumatic stress disorder, etc.) can play out in the context of the family and create difficulties with family re-integration. For families with children with special needs, it is important to creatively think of how to proactively assess how they are coping and what kind of resources can be mobilized to support them. Domestic violence and child neglect and abuse are problems that may arise, for example, in situations in which the service member is struggling with mental health issues and is acting out in an aggressive fashion. The real possibilities of death and severe injuries to the service member require additional supports and intervention. In some cases, the impact of death or severe injury leads to children becoming caregivers to the parent.

Col. Stafford shared clinical vignettes to illustrate some of these concepts. "A father brings in a seven month old baby for a routine, six month well baby check up. As the pediatrician is reviewing all the issues that pediatricians routinely assess, the father says that he just doesn't know how to handle the baby crying all the time and is having difficulties feeding the child. The rest of the story is that the mother deployed in the past month and the father is now, for the first time ever, totally caring for this baby on his own. As you dig into this further, the father has a history of psychiatric problems. Over the course of their discussion, in that well baby encounter, he indicates that his wife was the glue that held everything together, and he feels like he could lose it when the baby cries. That encounter generated a social work intervention to provide support and assistance, because there were specific concerns for the safety of the baby in that situation. In another case, a 15 year old, comes in for a physical exam. On filling out the school forms, the child appears angry and doesn't know which school she is going to or if she's going to be playing sports. As they talked about the deployment screening issues, it was learned that her father was severely injured in Iraq, was brought to Brooke Army Medical Center in San Antonio for treatment, and the whole family, which lives in another state, uprooted themselves and came to the area to be with the father during his recovery. In the meanwhile, the teenager's life has been turned upside down, and she is angry. So, what do these families need? They need counseling and education on preparing and supporting children during deployment, on the impact of deployment, and on recognizing children's distress. In addition, they

need to be aware of supportive services resources within the community, whether within the military community or in the civilian sector. As we interact with families, we need to be understanding and supportive of them during times of distress and crisis."

Col. Stafford noted that pediatricians have a role to play in providing family support, identifying signs of distress, and mobilizing needed treatment and support services. Pediatricians should ask about deployment in the family, provide anticipatory guidance on the impact of deployment, screen for difficulties in coping, assess the severity of distress, and mobilize support services when necessary. Additionally, pediatricians can educate the community about these issues and serve as advocates.

There also is a role for systems of care and mental health providers, both in the military and the community at large. They should be aware of the challenges faced by military families and should be familiar with the emotional cycle of deployment, be ready to assist families of returning veterans with PTSD, learn about resources, advocate for services and supports for military families, and reach out to school to provide consultation and services to children of military families.

Deployment Effects on Child and Adolescent Mental Health (DECAMH) Education, Research and Advocacy Program

Major Lemmon provided information about the Deployment Effects on Child and Adolescent Mental Health Program. The concept of providing improved support to military families, particularly their children and adolescents, is gaining momentum across the country, with progress in disseminating information, advocacy, services, and research. With regard to information dissemination, the DVDs, "Youth Coping with Military Deployment: Promoting Resilience in Your Family" and "Mr. Po and Friends Discuss Reintegration," have been produced with grant funds and are being distributed through Pediatric and Adolescent Clinics, Child and Adolescent Psychology Services, and Army Community Service. Many copies have been distributed to military, education, health care, school districts, counseling agencies, and community leaders across the country. Many people are finding the DVD on the AAP website dedicated to this issue at http://www.aap.org/sections/unifserv/deployment/index.htm where the videos can be accessed via streaming video or downloaded. Work is ongoing with an adolescent medicine specialist to develop an interactive stress management plan specifically for military children and adolescents that will be included on an enhanced version of the DVD.

Advocacy efforts have centered around mobilizing national organizations to recognize and respond to the needs of children in military families. A resolution was developed to submit to the American Academy of Pediatrics Annual Leadership Forum, entitled "Critical Action to Support the Children and Adolescents of American Military Families." The resolution states, *"be it resolved, that the American Academy of Pediatrics adopt a policy statement that addresses the need for research into the effects of family military service, injury and/or death on the emotional well being of children and adolescents, advocates for supporting children and adolescents in military families facing emotional and stress challenges, and expands the educational process of teaching pediatricians and youth-serving professionals about the unique culture and needs of children and adolescents in military families"*. Additionally, the American Psychological Association's Presidential Task Force on Military Deployment Services in Youth, Families, and Service Members is expected to release a policy statement focusing on identifying the psychological needs of military family members and developing a strategic plan for working with the military and other existing institutions to meet those needs.

The need for improved services to children of military families increasingly is being recognized. An effort by the Center for Health Care Services in San Antonio is underway to explore approaches to improving support for families of deployed and injured military service members. The goal is to establish a model system that can be exported to other agencies and institutions looking to support military communities. In addition, representatives of the Federation of Families for Children's Mental Health are working to organize families in San Antonio to advocate for family focused, wraparound services. Efforts also are underway to provide consultation to school counselors who are noticing performance and discipline problems among deployed military dependents and recognizing the need to provide services and supports to students whose parents have been wounded, physically or psychologically.

There is little published literature about the effects of deployment on children. A recent example is,

"Adjustments Among Adolescents in Military Families When a Parent is Deployed." However, research progress is seen in studies now being undertaken, such as a descriptive, longitudinal study examining school performance, health care utilization, and psychosocial health measures in elementary school children whose parents are deployed. Major Lemmon and colleagues are initiating research to examine the efficacy and impact of the DVDs they created, as well as the use of the Pediatric Symptom Checklist to score deployment cycle stress effects on children and adolescents.

Tragedy Assistance Program for Survivors

Lt. Col. Judith Mathewson is in the air force and the Air National Guard. She described the Tragedy Assistance Program for Survivors (TAPS), which was started in 1994 by the widow of a Brigadier General. Every Memorial Day weekend, there is a "Good Grief Camp" in Washington, DC for those sometimes forgotten grievers and survivors, the children. Children struggle trying to deal with the sense of loss of a loved one who died in the military, regardless of whether it was a death from the war in Iraq, Afghanistan, a suicide, a training accident, or a car accident. TAPS is a nonprofit veterans service organization; over 10,000 families have been helped to date. In addition to the children, other survivors (spouses, parents, brothers, and sisters) also are helped through the peer support network created by TAPS, allowing them to be with other families who have experienced the loss of a loved one. Child after child and parent after parent say, "What am I going to do? How do I put the pieces together?" Through organizations like TAPS, support to military families can be offered when the military member is alive and also when the military member has died. Children have said after the three-day camp experience, which concludes at Arlington National Cemetery, "Now I know I'm not the only little girl whose daddy has died in a war."

Recommendations

Service Delivery

- Develop partnerships between system of care communities and military bases and installations.
- Ask youth in military families what they need and increase awareness of these needs in the community.
- Develop family support networks in military communities.
- Provide support for children to grieve.

Information/Resource Development and Dissemination

- Better inform the military to increase understanding of the mental health needs of children in military families, identification of problems, and access to appropriate interventions.
- Provide system of care communities with information, guides, and resources to provide outreach and support services to children in military families.
- Educate all child and family serving agencies (including schools and churches) about the mental health needs of children in military families.
- Use media coverage to increase awareness among the civilian community of the impact of deployment on military children and families and the need for support.
- Distribute the DVD produced by Major Lemmon to all system of care communities.

Training and Technical Assistance

- Develop a curriculum for systems of care regarding mental health needs of military children and families.
- Provide training to system of care communities and statewide family networks on how to identify and provide outreach and support services to children in military families through webinars, teleconferences, and workshops at conferences.

RESOURCES FOR YOUTH SERVING PROFESSIONAL FOR CHILDREN AND ADOLESCENTS WITH DEPLOYED MILITARY PARENTS

Web Sites

www.aap.org/sections/unifserv/deployment/index.htm *(American Academy of Pediatrics site dedicated to the effects of deployment on child and adolescent mental health)*

www.militarystudent.dod.mil *(Department Of Defense Office of the Military Child in Transition and Deployment)*

www.ncptsd.va.gov/war/fs_children_war.html *(PTSD—Children and War)*

www.cfs.purdue.edu/mfri/index.html *(Military Family Research Institute)*

www.militaryhomefront.dod.mil *(Supporting Troops and Their Families)*

www.nmfa.org *(National Military Family Association)*

www.militarychild.org *(Military Child Education Coalition)*

For Kids

Ferguson-Cohen, Michelle. *Daddy, You're My Hero! // Mommy, You're My Hero!* (2005). [for kids ages 4-8]

LaGreca, A. et al. *Helping Children Cope with the Challenges of War and Terrorism.* [for kids ages 7-12].

7-Dippity. Entire Book is available for download: www.7-dippity.com/other/UWA_war_book.pdf Supplement (for using with school classes or groups): www.7-dippity.com/other/Supplement.pdf

Robertson, Rachel. *Deployment Journal for Kids* (2005)

Sherman, M.D., Sherman, D.M. *Finding My Way: A Teen's Guide to Living with a Parent who has Experienced Trauma* (2005) [for kids ages 12-18] (available at www.seedsofhopebooks.com)

Sherman, M.D., Sherman, D.M., Edina, M.N. *I'm not alone: A teen's guide to living with a parent who has a mental illness.* (2006). Beaver's Pond Press. Available at www.seedsofhopebooks.com

Spinelli, Eileen, & Graef, Renee. *While You Are Away* (2004). [Picture book for children whose parents are deployed; ages 4-8]

Sportelli-Rehak, Angela. *Uncle Sam's Kids: When Duty Calls* (2003). [for kids ages 5-11 focusing on deployment issues]

Books

Armstrong, K., Best, S., & Domenici, P. *Courage after fire: Coping strategies for returning soldiers and their families.* (2005). Ulysses Press.

Cantrell, B., & Dean, C. *Down range: To Iraq and back.* (2005). Washington: WordSmith Books.

Collier, Dianne (of Canada). *Heroes at Home: Help and Hope for America's Military Families.* (2002).

Henderson, Kristin. *While They're at War: The True Story of American Families on the Homefront.* (2006).

Kay, Ellie. T*rust After Trauma: A Guide to Relationships for Survivors and Those Who Love Them.* (1998). Aphrodite Matsakis.

Martin, J.A., Rosen, L.N., and Sparaceno, L.R. (eds). *The Military Family: A Practical Guide for Human Service Providers.* (2000). Praeger, Westport, Conneticut.

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Articles

Goodman, R.F. *Caring for Kids After Trauma and Death: A Guide for Parents and Professionals* by The Institute for Trauma and Stress at the NYU Child Study Center, 2002 (can be accessed at www.militarystudent.org)

Hardaway, T. *Treatment of Psychological Trauma in Children of Military Families* in Mass Trauma and Violence: Helping Families and Children Cope (Webb NB-ed). The Guilford Press, New York, pp259-282.

Stafford, E.M., & Grady, B.A. Military Family Support. *Pediatric Annals,* Vol. 32 No. 2, pp110-115, February 2003.

Stafford, E.M. Challenging Times: Pediatricians should be prepared to support needs of children in military families. *AAP NEWS,* Vol. 22, No. 6, April 2003

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