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Identifying Military and Combat-Specific Risk Factors for Child
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14. ABSTRACT Parental deployment can disrupt the care children receive both as a result of deployment-related separation and the potentially destabilizing impact of deployment on the remaining caregiver and daily routines. The project entails the assessment of parents (N=200) whose spouse/partner is currently deployed and has a child between the age of 3 and 7 and comparison groups of civilian single parent families (N=200) and civilian dual parent families (N=200). The objectives of this study are to: 1) identify and measure developmentally salient skills that are indicators of current adaptation among preschool and early childhood boys and girls of civilian intact and single-parent families. This will allow for the identification of military-specific challenges, if any, of child adjustment and developmental milestones, and; 2) examine the role of spousal-perceived Service Member risk on caregiver behaviors associated with parental deployment in the prediction of child adaptation. Specifically, we aim to determine the role of Spouse's ratings of partner risk during deployment predicting child adjustment by surveying families deployed in support brigades. Current progress includes successful IRB exemption and initial recruitment (n=61). The PI has changed institution and the award is to be transferred to her new institution.					
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INTRODUCTION

There is an emerging consensus that parental combat deployment may increase risk for child development; but details on what the remaining parent can do to reduce the risk remain unclear. The current proposal provides information on which children are at greatest risk and on the circumstances that contribute to that risk as a result of parental combat deployment. The objectives of this study are to: 1) identify and measure developmentally salient skills that are indicators of current adaptation among preschool and early childhood boys and girls of civilian intact and single-parent families. This will allow for the identification of military-specific challenges, if any, of child adjustment and developmental milestones, and; 2) examine the role of spousal-perceived Service Member risk on caregiver behaviors associated with parental deployment in the prediction of child adaptation. The intended scope of this award is to compliment our Hypothesis Development award in which we collected data from a sample of spouses and partners (n=400) of Service Members from Fort Drum, NY, deployed to Iraq or Afghanistan who have a child age 3-7.

BODY

The majority of work accomplished in the first 12 months of this award included successful obtainment of IRB exemption from The University of Connecticut, The Yale School of Medicine, and HRPO. Proprietary assessments were re-licensed and a unique software solution had to be developed so that participants from each population of interest could receive the \$50 reimbursement while maintaining data confidentiality. In August 2012, the Principle Investigator and Co-PI left their respective institutions for Wayne State University. New IRB exemptions were obtained at Wayne and the award was transferred to the new institution. Initial recruitment in Year 1 was one 61 participants.

Measures

The on-line survey contained questionnaires pertaining to parent and child functioning in a variety of domains, as well as non-identifying demographic information:

- I. Adult measures.
 - a. Parenting Issues:
 - i. Parent-child relationship quality: the 29-item Parent Child Relationship Questionnaire (PCRQ; Furman & Adler, 2001).
 - ii. Distress in the parenting role: the 36-item Parenting Stress Index-Short Form (PSI-SF; Abidin, 1995).
 - b. Parent Psychological Health:
 - i. Emotion regulation: the Difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer, 2004).
 - ii. Depression symptoms: the 20-item CES-D (Radloff, 1977) self-report questionnaire.
 - iii. Dissociative symptoms: the 28-item Dissociative Experience Scale II (Carlson & Putnam, 1993).
- II. Child measures

- a. Emotional and Behavioral Problems: the 113-item caregiver rated Child Behavioral Checklist (Achenbach & Edelbrock, 1983). Ratings on this measure assess both clinical and sub-clinical levels of psychopathology across internalizing and externalizing disorders.
- b. Developmental Skill Achievement
 - i. Preschool Aged children
 - 1. Self regulation: the 36-item Early Childhood Behavior Questionnaire – Very Short Form (CBQ-VSF; Putnam & Rothbart, 2006) assesses children’s developing self regulation. The CBQ-VSF assesses three domains (i.e. negative affectivity, surgency, and effortful control) that are thought to reflect children’s reactivity and ability to engage in skills related to self regulation.
 - 2. Emotion regulation: Children’s ability to regulate their emotions is measured using the 24-item Emotion Regulation Checklist (Shields & Cicchetti, 1997, 2001), which assesses parents’ perceptions of the child’s emotionality and regulation, including emotional understanding, empathy, and dysregulation of both positive and negative emotions.
 - 3. Social skills: Preschoolers’ development of social skills within the peer context is assessed using the parent rated 49-item Social Skills Rating System (Gresham & Elliot, 1990) which captures children’s level of cooperation, assertiveness, and prosociability in interaction with peers.
 - ii. Early School age children
 - 1. Friendship formation: During the early school years, children not only must engage in prosocial behavior, but they must also begin to focus on social acceptance and friendship formation. Parent’s complete a 14-item questionnaire adapted from Lansford, Putallaz, Grimes, Schiro-Osman, Kupersmidt, & Coie’s (2006) project designed to assess social acceptance, popularity, friendship formation, and friendship quality among early school age children.
 - 2. School performance: school adjustment and performance Is assessed using a 19-item questionnaire.

III. Environmental Factors

- a. Stress endured by the family and the child: the 10-item Life Events Scale (LES; Kanner, Feldman, Weinberger, & Ford, 1987).
- b. Community support: Spouses completed a questionnaire about their use of the Battlemind program, a military sanctioned program designed to prepare families for the stresses of deployment.
- c. Social support: the 40-item Interpersonal Support Evaluation List

(ISEL; Cohen & Hobermen, 1983).

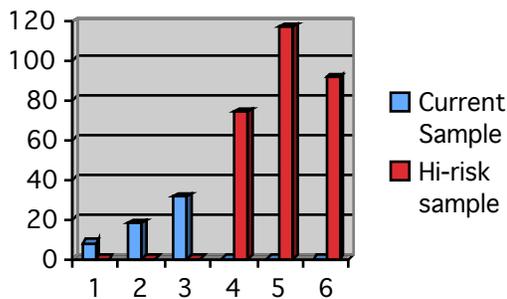
KEY RESEARCH ACCOMPLISHMENTS

- All IRB Exemptions obtained.
- Web programming of survey completed.
- Data collection/recruitment initiated (n=61)
- PI Transferred from University of Connecticut to Wayne State University
- Award to be transferred to new Institution.

REPORTABLE OUTCOMES

IRB exemptions were obtained and the survey was designed and programmed for internet use. 5 civilian families were recruited from the Fort Drum New York area, 3 from single parent civilian families (3/200 = 1.5% recruitment goal), 2 from intact civilian families (2/200 = 1% recruitment goal) and 56 of low perceived risk deployments (56/200 = 28% of recruitment goal). The ability to recruit military families along a continuum of perceived Service Member risk appears to be working. On a 6-point Likert scale, where items 1-3 represent no to low risk and items 4-6 represent moderate to high risk, the 56 participants fall along the 1-3 range (represented in blue graph bars). Our data from the Hypothesis Development award falls along the 4-6 range (represented in red graph bars). After the award is successfully opened at the PI's new Institution, recruitment will re-start.

Figure 1:
Recruitment to date of current sample by perceived deployment risk (blue bars)



Risk Rating (1=low)

CONCLUSION

With this award, we hope to identify developmental factors that are specific to military families in addition to factors related to high-stress, combat-exposure intense deployments.

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