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Article 18

Safe Haven Saturdays: A Community-Based Program for Promoting Resilience and Attachment in Deployed Military Families

Lennis G. Echterling and Anne L. Stewart

Echterling, Lennis G., is Professor of Counseling and Supervision at James Madison University. He has more than 30 years of experience in promoting resilience, particularly during crises and disasters.

Stewart, Anne L., is Professor of Graduate Psychology at James Madison University. She has used play-based interventions to enhance the resilience of children and families in projects throughout the world.

Emotionally connecting and engaging family support is crucial to maintaining a military force prepared to perform vital combat missions. When warriors (active duty, NG, and Reserves) are assured that their family is being monitored and cared for by the community they are fighting to protect, they are able to more clearly focus on the critical missions they are performing far from home.

Major Keith M. Lemmon, MD, FAAP
Director, Military Child and Adolescent Center of Excellence

Over half of the deployed military personnel are parents who leave children behind as they move into harm's way. Two million children have experienced a parental deployment since the beginning of Operation Enduring Freedom and Operation Iraqi Freedom (Chandra et al., 2010). Many parents report high levels of stress and psychosocial problems with their children during these times. Importantly, parents who turned to sources of community support reported less stress and fewer difficulties in their children (Flake, Davis, Johnson, & Middleton, 2009). Thus the adage, "It takes a village to raise a child," can have special significance for these families with a loved one deployed. When asked what helped during a recent separation, one National Guard parent stated, "Provide more groups where families can get together and socialize or lean on one another. I attended a monthly group but otherwise felt very isolated because I felt no one understood" (Budash, 2009).

Deployment refers to the assignment of military personnel to temporary, unaccompanied tours of duty. Extended separations, increased workloads, shifting demands, erratic schedules, and combat make deployment a difficult, uncertain, and even harrowing experience for both service members and their families. Deployed service members face the possibility of injuries or death and, following deployment, are at risk for mental health problems, family difficulties, and unemployment. According to a RAND study (Tanielian & Jaycox, 2008), the economic costs of posttraumatic stress disorder and clinical depression alone are over \$6.2 billion in the two years after deployment.

Studies have demonstrated that deployment also impacts the entire family. Spouses have increased rates of marital dissatisfaction, unemployment, divorce, and mental health problems (Mansfield et al., 2010). Parents report elevated levels of child, parent, and overall stress, with one-third in the clinically significant range (Budash, 2009). Children are more likely to have behavioral problems, academic difficulties, and emotional concerns (Chandra et al., 2010; Flake et al., 2009; National Military Family Association, 2006). The cumulative impact of deployment can draw every family member into a negative cascading of consequences that can lead to domestic violence, homelessness, and even suicide (Shinseki, E., 2009; Tibbits, 2009).

The entire deployment cycle includes three distinct phases: pre-deployment, deployment, and post-deployment (Horton, 2005). These phases involve the themes of preparation, separation, and homecoming/reunion. During the pre-deployment phase, family members are performing numerous chores to accommodate to the impending disruption of their family system. Members may need to find new housing, change childcare, enroll in new schools, and change jobs. They also struggle with the conflict between remaining psychologically close to the departing member and distancing themselves emotionally to defend against the anguish of separation. In the deployment phase, family members react to the separation with a broad range of emotions, including fear, relief, anguish, hope, and despair. In addition, with one important member missing, the remaining members must take on additional tasks to accommodate to the day-to-day chores of family life. Finally, post-deployment is an unexpectedly complicated phase for family members. Unrealistically high expectations for the homecoming often lead to disappointment. Reintegrating the deployed service member into the family's daily patterns and routines can be difficult to negotiate.

Most communities do not adequately address the needs of military service members and their families as they make their way through the deployment cycle. Because all phases involve stressors and challenges, Safe Haven Saturdays is an integrated evidenced-based community outreach program designed to promote resilience and preserve attachment relationships of military families.

Program

Safe Haven Saturdays includes components that offer educational, informational, and supportive resources during all three phases of the deployment process: pre-deployment, deployment, and post-deployment. The program provides ongoing support for families in their home communities as they navigate the many challenges of preparation, separation, and reintegration of the returning veteran into the family and community. This support and educational program is based on attachment theory and a four-factor model of resilience involving support, meaning, emotional regulation, and successful coping (Echterling & Stewart, 2010). A vital characteristic of the program was the creation of an innovative partnership of military and civilian leaders to support the families. In this instance, the partnership was with a military family liaison officer and professors and students in counseling and psychology programs.

The program consists of monthly meetings with three primary components: a family supper, adult support group, and child and youth group. The meetings have taken place at a local armory. The first component consists of a pot-luck dinner (supplemented

by the branch or local club) in which all family members and facilitators share in the dinner. The participants also have celebrated holidays and announced special events, such as homecomings and departures, births, and weddings, during the dinner.

The second component is the adult support group following the dinner. For about 2 hours, relatives of service members gather with the family liaison to receive updates on policies and deployment information, address concerns, share practical tips, and offer mutual support. When they are in the pre-deployment or post-deployment phases, service members also participate in the support groups. The support group also fulfills an effective “first responder” function for family members who demonstrate a need for community services of a more specialized nature. If a crisis or more serious health or mental health problem arises, particularly between the meetings, the family liaison can make appropriate referrals to educational, vocational, and mental health resources. Research on deployed families has identified such peer support as being especially effective (Budash, 2009).

While the adults meet in their support group, the children gather with trained volunteers to participate in the program’s third component of play-based activities. The exercises are designed to promote resilience and foster attachment in children as they handle the anticipation, separation, and reunion phases of the deployment process. The play activities are developmentally appropriate and are based on the empirical literature regarding interventions that have been found to be effective in helping children cope with chronic stress and traumatic events (Echterling & Stewart, 2008). In particular the play-based interventions are designed to facilitate adjustment to the “new normal” (Shinseki, P., 2009).

Play offers several significant benefits. It can normalize reactions, invite children to try out new coping strategies, modify cognitive distortions, increase self-soothing, enrich relationships, enhance social support, and promote a sense of hope throughout the entire deployment cycle. Based on this evidence and their experiences in working with deployed families, Echterling, Stewart and Budash (2010) developed a variety of play-based interventions that can promote the resilience of deployed National Guard and Reserve families. Applying the concepts of attachment and resilience, the authors described interventions that are especially relevant for each phase of deployment. Such activities and techniques provide opportunities for support, meaning, emotional regulation, and successful coping for families that are “suddenly military.” For example, the “Family Deployment Crest” provides children opportunities to represent their family’s strengths, hopes, and beliefs that help them cope with this challenge. Segments of the crest may include animals that symbolize family traits, plants that represent roots, and mottos that summarize the basic values of this family. Another activity is “Pocket Pals,” in which children use a popsicle stick to create an image of their deployed loved one that they can keep with them. They can draw a face, use yarn to make hair, design the person’s clothes, and decorate it. “Helping Hands” involves inviting children to draw the outline of one of their hands. In each finger, they then can make a drawing or write the name of who or what has helped them through the deployment so far. During the post-deployment phase, “Out of the Ashes” is an opportunity for children to explore how they have grown. Children begin by drawing one of the deployment’s many challenges on a tiny slip of paper. Then counselors burn the slips in a safe container and roll the ashes into a piece of modeling clay. Using what they have learned and discovered in

dealing with the deployment, the children can mold a symbol of hope from the ashes and the clay.

The enthusiastic response of family members to these activities has indicated that the program addresses important needs that are currently not being met in many communities (Stewart, Echterling, & Budash, 2009). In one study providing evidence of the program's effectiveness, 44% of the parents interviewed (Budash, 2009) identified emotional support as the primary type of assistance they were seeking to cope with deployment. Month after month, family members participated regularly in the Safe Haven meetings and expressed their gratitude for the support that the program provided. The attendance typically included 20-25 adults and 10-15 children. The issues discussed during the adult support group meetings were the significant challenges they were confronting at each phase of deployment. Members shared their apprehension, grief reactions, fearfulness, practical concerns, childcare questions, and financial difficulties. When one mobilized service member was killed in action, participants called an emergency meeting of the support group. In follow-up interviews with parents who participated in the program (Budash, 2009), about 28% of parents spontaneously reported that the support groups also helped them feel prepared to discuss the deployment with their children.

During the Safe Haven Saturday gatherings, facilitators, who are mental health professionals or graduate students, regularly provide informal consultation to families regarding such issues as child-rearing and marital problems. They also consult with the family liaison on group dynamics, referral options, and local services for military families. Throughout this process, their fundamental mission is to bear witness to the commitment of these families to flourish under fire. In spite of the challenges they face, these families demonstrate tremendous resilience in their sacrifice, resolve, hope, compassion, and embrace of life, even during times of harrowing distress. Such a strengths-based approach destigmatizes therapeutic conversation and consultation regarding their personal and family concerns.

Benefits

Based on their experience of nearly 7 years in coordinating the program, the authors have identified several significant benefits. The first is cost-effectiveness. A recent RAND study (Tanielian & Jaycox, 2008) found that treatment of veterans with psychological injuries would pay for itself by improving productivity and lowering long-term medical costs. In addition, the design and execution of this proposed program would be even more cost effective because its primary components already exist in most communities. This program will improve community collaboration, provide support to deployed families, enhance the expertise of local service providers, and enhance the local informational network.

A second benefit is that the program addresses a number of top strategic initiatives of the Department of Veterans Affairs by preventing veteran homelessness, enhancing the delivery of services, improving veteran mental health, expanding health care access for women and rural populations, and enhancing the long-term health and well-being of veterans. The program is consistent with mandates from the Army Family Covenant, Department of Defense Mental Health Task Force Recommendations, the American

Psychological Association Task Force Recommendations and the American Academy of Pediatrics Prioritized Legislative Recommendation (Lemmon, 2009).

Third, the program normalizes support by providing services in the context of the community. Serious concerns regarding stigma have prevented many service members and their families from seeking the support they need during these periods of extreme stress. Safe Haven activities include potluck dinners, celebrations of special events, informal consultations, and therapeutic conversations. The outreach approach offers immediate, accessible and available services without formal assessment, diagnosis or treatment planning. When deemed necessary, a referral to an educational, vocational or mental health resource would more likely be successful when a trusted and known individual has made it.

Fourth, this program could be implemented in diverse communities throughout the United States. These core program components are sufficiently flexible for some modification and adaptation to meet any specific cultural, demographic, or unique local features in any given community.

A final benefit of this community-based program is its preventive health aspects. Military service personnel and their families frequently underplay the inherent stresses associated with the deployment cycle. The community support group, as a core component of this program, provides a natural, socially inviting and non-threatening environment of acceptance and nurturance. In this context, group members openly discuss the expectable anxieties and frustrations while sharing suggestions without engendering any sense of stigma or personal inadequacy. This group process also provides an excellent forum for working with individuals to develop and enhance a sense of personal resilience. In this capacity, the support group can decompress some issues and anxieties that might otherwise intensify within the individual and, as is often the case, develop into more complicated and problematic issues.

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