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## Military Parent's PTSD and Children's Mental Health: A Scoping Review

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## Military Parent's PTSD and Children's Mental Health: A Scoping Review

### Abstract

It is widely recognized that the mental health of parents impacts children's well-being. A scoping review was conducted to examine what was known from the research specific to mental health issues facing children as a consequence of their military parent's PTSD. The parameters of this review were based on Arksey and O'Malley's (2005) recommendations for completion of a scoping review. From the search, 163 articles were located from 5 electronic databases. Of those, 35 were related to the topic and, after implementing the inclusion and exclusion criteria 21 were included in this scoping review. Although the scoping review demonstrated that there is a paucity of knowledge about the impact of military member's PTSD on children's mental health, all of the articles discovered for this review concluded that there were mental health impacts on children as a result of residing with a military parent diagnosed with PTSD. As a result, not only is more research needed on the phenomena, the research that is prevalent suggests that more treatment and prevention services be provided to military members, their families and their children.

### Keywords

PTSD, Children, Adolescents, Parents, Scoping Review, Military Veteran

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## **Military Parent's PTSD and Children's Mental Health: A Scoping Review**

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*It is widely recognized that the mental health of parents impacts children's well-being. A scoping review was conducted to examine what was known from the research specific to mental health issues facing children as a consequence of their military parent's PTSD. The parameters of this review were based on Arksey and O'Malley's (2005) recommendations for completion of a scoping review. From the search, 163 articles were located from 5 electronic databases. Of those, 35 were related to the topic and, after implementing the inclusion and exclusion criteria 21 were included in this scoping review. Although the scoping review demonstrated that there is a paucity of knowledge about the impact of military member's PTSD on children's mental health, all of the articles discovered for this review concluded that there were mental health impacts on children as a result of residing with a military parent diagnosed with PTSD. As a result, not only is more research needed on the phenomena, the research that is prevalent suggests that more treatment and prevention services be provided to military members, their families and their children. Keywords: PTSD, Children, Adolescents, Parents, Scoping Review, Military Veteran*

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Many individuals encounter a traumatic event in their life. In fact, a US based study found that 25% of individuals have encountered a traumatic event by the age of 45, some of whom have had multiple exposures to trauma (Norris & Slone, 2013). In Canada, a population-based study found that while 76.1% of individuals have a lifetime exposure to trauma, only 2.4% meet the diagnostic criteria of post-traumatic stress disorder (PTSD; Van Ameringen, Mancini, Patterson, & Boyle, 2008). PTSD is diagnosed under the DSM-5 by a cluster of symptoms including intrusion symptoms, avoidance, negative alteration in cognitions and mood, and alterations in arousal and reactivity (American Psychiatric Association, 2013). In addition to experiencing a traumatic event, individuals must also experience post-traumatic events in order for PTSD to develop (Briere & Scott, 2014). Although PTSD does not develop in everyone who has experienced trauma, when present, it can impede the functioning of individuals in virtually all areas of their life including family life (Ray & Vanstone, 2009).

Parental behaviours play a central role in the well-being of their children. Children, in particular, can be directly impacted by their parent's mental health (Hanington, Heron, Stein, & Ramchandani, 2012). Some literature suggests that children of parents with mental health problems can become enmeshed with that parent, and may assume a caregiving role (Hanington et al., 2012; Harrison, Albanese, & Berman, 2014). In addition, children's emotions and thoughts can become intertwined with those of the parent with a mental illness (Hindle, 1998). A growing body of literature suggests that PTSD in parents can have negative mental health impacts on children (Pearrow & Cosgrove, 2009; Ray & Vanstone, 2009). Given that in Canada alone there are approximately 64,100 children growing up in Canadian military families, which does not include children in families of 600,000 veterans, the well-being of these families has an impact on families as a whole (Cramm, Norris, Tam-Seto, Eichler, & Smith-Evans, 2015). In response to these numbers, this scoping review aims to explore what is known about the children of military members residing with a parent with PTSD. For this scoping review, I will

introduce the impact of PTSD on military members, the impact of PTSD on family functioning, and secondary trauma. Following the introduction of the different impacts associated with PTSD I will put forward the methods, results, discussion, and limitations of the study.

### **Military Member's PTSD**

Military veterans are exposed to a high level of trauma as a consequence of combat (Haagen, Smid, Knipscheer, & Kleber, 2015). As a result of the emotional impact of war, military members experience an elevated risk of developing PTSD (Haagen et al., 2015; Sannibale et al., 2013). In Canada, and elsewhere, the role of the military has shifted from a primary focus on peacekeeping to combat. This contributes to higher levels of combat exposure and increased rates of PTSD (Chivers, 2009). This high combat exposure has resulted in more veterans returning from active duty having experienced trauma that contributes to emotional and physical injury (Chivers, 2009). Approximately 36% of US military veterans will be exposed to some kind of combat related trauma during their careers including "being exposed to the trauma of witnessing others die, dying or wounded" (Norris & Slone, 2013, p. 3).

Consequently, military members risk developing psychosocial difficulties due to PTSD. In addition, PTSD among military members is often associated with comorbid disorders that include depression, anxiety, and substance abuse disorders (Dekel & Monson, 2010; Ray & Vanstone, 2009). However, because of the complexity and severity of PTSD in military members, combined with the intensity of anger and shame that is prevalent among military members with combat-related trauma compared to members of the general population diagnosed with PTSD, military members often benefit less from psychotherapy than those in the general population (Haagen et al., 2015). Furthermore, military members often do not seek treatment because of continued stigma associated with PTSD as well as stigma faced by military members who face losing their identity as a "strong" military soldier (Chivers, 2009).

### **Family Functioning**

When a military member is deployed and separated from family members for extended periods of time to war torn countries, family relationships can be impacted (Drummet, Coleman, & Cable, 2003). For example, Jensen, Martin, and Watanabe (1996) found an increase in depression among children whose military parents were deployed. Upon deployment, children may feel a sense of loss for their military parent. Termed "ambiguous loss," children experience anxiety when there is uncertainty about an outcome, which is frequently the case when parents are deployed (Boss, 2004). Ambiguous loss also occurs when a deployed parent returns home with a mental illness, such as PTSD. Children may worry about the safety of their deployed parent and feel uncertainty regarding return dates, which frequently change (Drummet et al., 2003). To the child, the parent may appear to be a different person (Boss, 2004). Although deployment can be stressful for children across a number of dimensions, difficulties are compounded by having their military parent return home with PTSD.

PTSD in military members has also been linked to a higher level of family dysfunction (Evans, Cowlishaw, & Hopwood, 2009). In particular, parents with PTSD often struggle with developing strong relationships with family members; symptoms of numbing and avoidance can contribute to challenges in interacting with their family, their children in particular (Dekel & Goldblatt, 2008). Emotional numbing can in turn contribute to a parent being emotionally absent generating feelings of confusion and a sense of loss for the child (Canfield, 2014).

In addition, parents with PTSD often struggle with appropriate parenting behaviours, specifically meeting children's mental health needs (Galovski & Lyons, 2004). PTSD is often

associated with symptoms of avoidance and hyperarousal (Creamer, Wade, Fletcher, & Forbes, 2011), which place stress on the entire family, as these symptoms often interfere with parent's ability to meet their children's emotional needs and can provoke emotional turmoil in a child (Galovski & Lyons, 2004; Leiner, 2009). These emotional disconnections place the relational bond between the parent and the child at risk (Ray & Vanstone, 2009).

## **Secondary Traumatization**

PTSD symptoms in parents can also have devastating intergenerational mental health impacts on children (Davidson & Mellor, 2001). Children may struggle to understand the emotional impact of war upon their parent and empathize to the extent that they assume some of the feelings and even the experiences of their military parent with PTSD (Dekel & Monson, 2010). Thus, the military parent's symptoms of PTSD can be transmitted to their children, which in turn, results in children exhibiting symptoms of PTSD. This is known as "secondary traumatization" (Bower, 1996; Canfield, 2014). Symptoms associated with secondary traumatization can cause or exacerbate mental health struggles of children. Secondary traumatization in children of parents with PTSD may manifest as an increase in anxiety, PTSD, behavioral issues, and emotional problems (Dinshtein, Dekel, & Polliack, 2011; Pearrow & Cosgrove, 2009). However, the literature lacks clarity about how the direct and indirect impacts of military parent's PTSD affect the mental health well-being of their children.

## **Methods**

Scoping studies are used to explore the range and depth of available literature on a specific topic (Levac, Colquhoun, & O'Brien, 2010), and to identify the gaps in existing research (Daudt, Van Mossel, & Scott, 2013). Moreover, scoping review uses qualitative analysis to examine the relevant literature and address focused questions, using broad search parameters (Levac et al., 2010). It differs from other reviews: a literature review (which answers broader questions and answers several aspects of a topic); a systematic review (which asks focused question and uses specific parameters) and; meta-analysis (a statistical method to look at the literature) (Arksey & O'Malley, 2005; Levac et al., 2010). As such, a scoping study was particularly applicable to answering the research question "what is clear in the literature about the mental health consequences on children of residing with a military parent with PTSD?" As a PhD student focusing on the impact of military PTSD on families, I conducted this scoping review with the aim to provide clarity on the available research on the impact on children. Furthermore, my particular interest in this topic stems from my own personal experience of being a partner and mother of children who resides with a military member with PTSD. As a result of also seeing the impacts of a military parent's PTSD on children as well as being a researcher exploring this topic, I am particularly interested in knowing what research literature is available on the mental health consequences on children.

In order to determine what research is available in this area, the process for this scoping review followed Arksey and O'Malley's (2005) framework, which includes the following six steps: (1) identifying the research question; (2) identifying relevant studies; (3) study selection; (4) charting the data; (5) collating, summarizing, and reporting the results; and (6) a consultation exercise.

### **Stage 1: Research Question**

According to Levac et al. (2010), the research question in a scoping review guides the subsequent steps needed to adequately conduct the study and determines "the way that search

strategies are built” (Arksey & O’Malley, 2005, p. 23). The research question selected for this particular scoping review was: What is known about the association between the mental health of children and military parents diagnosed with PTSD?

The first stage of Arksey and O’Malley’s (2005) framework for a scoping review also involves setting the parameters and the definitions that will be included in relation to the research question. For the purpose of this investigation, children were identified as any children/adolescents (biological or step children) under the age of 18 who cohabit with or have been parented by the military member with PTSD. The term veteran was used to describe active and retired military members. The definition of PTSD and mental health was taken from the DSM-5 (American Psychiatric Association, 2013). Specifically, PTSD occurs when exposure to a traumatic event causes psychological distress and impacts an individual’s functioning and well-being (American Psychiatric Association, 2013).

## **Stage 2: Identifying Relevant Studies**

The second stage in the review process involves deciding what databases will be used; the initial number of articles initially retained from the databases; and, the timeframe that will be included (Arksey & O’Malley, 2005). In order to identify relevant literature, literature searches were conducted in five electronic databases: SocINDEX, Psychology and Behavioral Science Collection, EBSCO, Family Studies Abstracts, and CINAHL. The search criteria included literature that was only written in English within the time frame of 1980 to September 2016 as well as the terms military parent\*; PTSD or post-traumatic stress disorder; and chil\* or adolescent mental health. In this stage, these three search terms generated 163 results. The start date of 1980 was selected because prior to this time there was limited research on PTSD. PTSD was also not included in the Diagnostic Statistical Manual until the DSM-III in 1980 (Breslau, 2009; Schnurr, 2009). As a result, articles outside of the timeframe would have been excluded. The end date of September 2016 was chosen to reflect the most recent articles. Eighteen studies were excluded due to their focus being on the impact PTSD had on military members, rather than the mental health of the children, leaving 145 studies remaining by the end of stage 2.

## **Stage 3: Study Selection**

Stage three involves determining exclusion and inclusion criteria, as well as how many articles would be included in the review (Arksey & O’Malley, 2005). Titles and abstracts were reviewed and inclusion/exclusion criteria were implemented to ensure the relevance to this scoping study. Articles were included if they concerned: (a) military parents with PTSD; (b) had established an association link between parents with PTSD and mental health issues in their children; and, (c) empirical studies – both qualitative and quantitative. Articles were excluded from the review if they were literature reviews or did not fall within the 1980 to 2016-time period. Despite the exclusion time period, no articles fit the inclusion criteria prior to 1980.

After applying the inclusion/exclusion criteria to the title and abstracts and removing duplicates, 35 publications remained in the sample, down from the 145 studies from stage 2. The full texts of these articles were then retrieved and reviewed. The inclusion and exclusion criteria were then applied to ensure that data were yielded from empirical research studies; 13 theoretical literature reviews were excluded which yielded 21 research articles that were included in the scoping review.

#### **Stage 4: Charting the Data.**

The final sample of 21 research articles were summarized (which involved thematically grouping the information gathered from the articles), organized, and charted. In this review, data from the final sample of 21 articles that were thematically grouped were summarized utilizing a table and categorized by themes in order to provide an overview of the data. Charting the data involved the process of thematically grouping the data and sorting it into themes by summarizing important core information and placing it into a grid (see Appendix A; Daudt et al., 2013; Levac et al., 2010). Arksey and O'Malley (2005) recommended charting according to the following themes: "authors, year of publication, study location, intervention type, study populations, aims of the study, methodology, outcome measures, and important results" (p. 27). The Arksey and O'Malley (2005) framework for the development of the grid was utilized, with the exception of the study location, which was not as relevant as the overall findings. The data extracted were summarized and placed in an Excel spreadsheet.

#### **Stage 5: Collating, Summarizing and Reporting the Results**

In the Arksey and O'Malley (2005) framework, stage five of a scoping study involves "collating, summarizing and reporting the results" (p. 27). By grouping the data into themes, the information extracted was then summarized in a narrative format to include information regarding what is known, based on the research literature, about the mental health issues facing children as a consequence of residing with a military parent experiencing PTSD, as well as the types of research designs employed in the literature.

#### **Stage 6: Consultation Exercise**

The consultation phase is considered optional. I chose to utilize this process to enhance methodological rigor (Arksey & O'Malley, 2005; Levac et al., 2010). An Associate Librarian with discipline expertise was consulted on several occasions throughout the scoping review process; she assisted with determining the search parameters and ensuring the feasibility of the scope of the literature retrieved.

Using the steps outlined by Arksey and O'Malley (2005), information was generated about what was known in the literature about the mental health consequences on children residing with a military member with PTSD. Not only did the results show that there was paucity of research on the issue, there was limited research to address the concerns. Although the focus was on determining what research was prevalent regarding the mental health impacts on children, I also included the treatment that the research identified is available to further articulate the implication of the lack of research on the phenomenon and the fact that these children's needs are not being adequately met.

### **Results**

As mentioned, 21 articles met the criteria set for the study and were included in the review. These studies focused on the mental health impact of military parent's diagnosis of PTSD on children. The primary focus of these 13 concerned the family as a unit; in these 13 articles the impact of parental PTSD on children was a lesser focus. The remaining eight articles specifically focused on the impact of a military parent's PTSD, which also included the effect of deployment on children.

Although the primary focus of the scoping review was to describe the mental health of children whose military parent had PTSD, seven of the articles evaluated treatment for the

children. In particular, Guzman (2014) and Waliski, Kirchner, Shue, and Bokony (2012) addressed how school counsellors could meet the needs of military children by focusing on the unique experiences of military children. The most commonly cited intervention ( $n = 4$ ) was the *Families Overcoming Under Stress* (FOCUS) which focuses on working with military families by developing resiliency to military-related stress (Canfield, 2014; Cozza, Haskins, & Lerner, 2013; Guzman, 2014; Lester et al., 2013). FOCUS is a US based program that encompasses three central elements: family education, communication on deployment, and development of family resiliency (Cozza et al., 2013). All four articles reported an increase in family well-being after family members attended the FOCUS program. Three of the four studies, recommended employing family focused strategies when working with military members who have a family impacted by their PTSD.

Through the data analysis, I found an array of different study designs and data collection methods including: six cross sectional surveys, four quasi-experimental designs, four case studies, two qualitative studies, one comparative analysis, one matched cohort study, one randomized control trial, one systematic review, and one systematic review of reviews.

Themes that evolved throughout the articles included: (1) PTSD playing a role in impeding parental functioning (which yielded 17 articles or  $n = 17$ ); (2) parental PTSD impacting children's behavior ( $n = 16$ ) and school functioning ( $n = 10$ ); (3) communication impairments within the family ( $n = 16$ ); (4) the incorporation of family in treatment ( $n = 13$ ); (5) support assisting in treatment of PTSD and family functioning levels ( $n = 11$ ); and, psychoeducation as an important component of treatment ( $n = 10$ ).

Many of the articles ( $n = 17$ ) identified that parental PTSD played a role in the functioning of parents. In particular, when a parent was diagnosed with PTSD, their parenting abilities decreased as they become either emotionally unavailable to their children or they became overly controlling and protective (Harrison et al., 2014).

Sixteen articles concluded that children's behaviors are impacted as a result of residing with a military parent with PTSD. Specifically, these articles noted that children experiencing behavioral problems were more likely to act out and externalize emotions. Ten ( $n = 10$ ) of the articles also discussed children being impacted academically. Given the themes that emerged the recommendations below are suggested.

## **Discussion**

### **Parent's Being Deployed as Opposed to Parental PTSD**

Further studies are needed to differentiate between whether children are struggling with mental health issues as a result of difficulties of their parents being deployed, or whether or not mental health issues are a result of their parents returning with PTSD. While there are studies available on the effect of deployment on children (Cozza et al., 2013; Gewirtz, McMorris, Hanson, & Davis, 2014; Guzman, 2014; Ross & DeVoe, 2014), considerably less research focuses on the impact of parental PTSD on children, and their families (Canfield, 2014). Furthermore, there is a gap with regards to children and adolescent's personal perspectives of residing with a military member with PTSD. Consequently, qualitative studies may provide an overview of the experience of the mental health impact on children or adolescents as a consequence of their parent's PTSD.

### **Parent's Gender**

Notably, five of the studies alluded to the impact of a military father's PTSD on children but did not focus on the impact of military mother's PTSD on children (Brockman et al., 2016;

Canfield, 2014; Cohen, Zerach, & Solomon, 2011; Cozza et al., 2013; Dekel & Goldblatt, 2008). Consequently, further research is needed on the impact of mother's deployment and PTSD on children as well as the family unit (Dekel & Goldblatt, 2008).

### **Treatment and Prevention**

The impact of military PTSD on children and families demands that effective treatment and prevention services be available for military members with PTSD, partners and their families. Although there is some research that explores the efficacy of programs to meet this populations needs, there continues to be a paucity of research on the mental health impacts on children. The little research available, however, articulates the need for educational and family treatment programs. For example, educational programs to help during deployment and to help children and families prepare for and adjust to the return of the military members would greatly assist families (Cozza et al., 2013). Moreover, more education about PTSD for military members and their children including signs, symptoms, as well as resources to adequately deal with PTSD within the family can help ensure that effective supports are available early on. It is important for the military to identify and target high risk families at different stages of deployment as well as the stages of adjustment after the return from service. Furthermore, enhanced services should be aimed at military families with multiple deployments due to the increased likelihood of exposure to trauma (Cozza et al. 2013). Research on the specific effects of PTSD on families and children would help to focus interventions for this vulnerable population.

### **Lack of Research**

All of the studies in this scoping review concluded that PTSD had a negative impact on family functioning (such as decrease in attachment between the military parent and children) and on the mental health of children. As such, it is apparent that the "invisible wounds" (the impacts that cannot be visibly seen) caused by PTSD also impact the children and adolescents (Leiner, 2009, p. 388). Based on the literature reviewed, it can be concluded that there is a substantial need for further research on the mental health impact on children and adolescents under the age of 18. In particular, there is a paucity of research on mental health challenges of children and adolescents whose parents are in, or have been, in the military and have been diagnosed with PTSD, specifically within the realm of social work. There is still a vast amount to be learned about the impact of military PTSD on children (Dupont-Morales, 2011). Articles generated from the field of social work have been few and far between. Many of the relevant articles explore the mental health impact of parental PTSD on the family unit and also speak more to the impact on the spouses (Pearrow & Cosgrove, 2009). Nevertheless, more research is required to specifically focus on the impact on children and/or adolescents. There is also little research on how parenting skills are impacted when a parent has PTSD and the extent to which the struggles with parenting impacts their children's mental health (Asselmann, Wittchen, Lieb, Höfler, & Beesdo-Baum, 2015). Furthermore, many of the articles generated were related to adult children rather than children, and the effect that their parent's trauma had on them.

The lack of research on the impact of parental PTSD on children is further complicated by the fact that many do not seek treatment, which widens the gap in the research related to secondary traumatization among children who reside with a military veteran (Dekel & Goldblatt, 2008). As a result, more research on military needs to be conducted with families when a military member is not seeking treatment for PTSD, despite being diagnosed.

## Limitations

PTSD is defined by the *American Psychiatric Association* (2013), which was developed in North America. Although it assumes that individual's experience of PTSD is the same, it does not consider cultural aspects that may influence the way individual's and family's experience PTSD. Specifically, not only do different cultures occasionally perceive what are considered mental health issues by Eurocentric definitions, their means of intervening can be different as well.

Although all of the articles from the chosen databases were explored for the inclusion and exclusion criteria, due to extensive time it would take to explore all of the additional databases only the chosen databases could be included. As a result, there is potential that other relevant research from other databases were not explored and thus, not included.

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### Appendix A: Summary of Child Impact Findings

Date	Authors	Aims of the Study	Study Population	Methodology	Outcome Measures	Important Results/Outcomes
2016	Brockman et al.	To explore military PTSD symptoms and the impact on spouses and children.	N = military men who were married with children between the age of 4 and 13 years old	Cross-sectional survey	Scales, Questionnaires, Coding system to assess behavior during family interactions	Avoidance particularly affected children and spouses negatively. Parenting and marital interventions that focus on avoidance is important for family functioning.
2015	Creech, Hadley, & Borsari	To explore military family stressors: including emotional and behavioural problems in children. Children's substance abuse & maltreatment; Intervention strategies to address the concerns	N = 28 studies from a systematic review	Systematic review	Cross-sectional surveys, caregiver report, children's self-report (for age 11-18); substance abuse & child maltreatment survey	Caregiver distress was linked to children's well-being. Maltreatment rates increased during deployment; regular communication with family was a protective factor; treatments that focus on decreasing parental distress during deployment and improved communications were helpful.
2015	Maršanić, Margetić, Bulić, Đuretić, Kniewald, Jukić, & Paradžik	Prevalence and correlations of lifetime non-suicidal self-injury in offspring of Croatian male parents diagnosed with PTSD	N = 478 adolescent aged 12 to 18 years in a psychiatric outpatient unit (mean age 15.23)	Cross-sectional survey	Initial structured clinical interview, scale, questionnaire, self-report	Non-suicidal self-injury was a clinically significant problem in outpatient adolescent offspring of PTSD male veterans in particular, greater amount of internalizing problems.

2015	Ohye, Brendel, W., Fredman, S. Bui, Rauch, Allard, Pentel, & Simon	Description of 3-generation family systems health care model designed to improve treatment engagement of veterans with PTSD and related conditions, and care for military families	N = 1 program review (Home Base Veteran and Family Clinic) N = 3 case descriptions	Case study	Self-report questionnaire & checklist	Trauma should be treated with the family unit. A family systems approach demonstrates successful outcomes. HBP provides family centered model of care.
2015	Sories, Maier, Beer, & Thomas	Discusses the use of family-based play therapy interventions with military children	N = one case study	Case study	Review of a case example	Family-based play therapy can decrease trauma symptoms and improve family relationships
2014	Canfield	Application of interventions to a family affected by a military members traumatic stress	N = One family (consisting of a military father, wife, 12-year-old son, 8-year-old son, 2-year-old baby)	Family case study	Provided a case vignette to demonstrate how different interventions could be applied	Program FOCUS (Families Overcoming Under Stress) & ARC (Attachment, Self-Regulation, and Competency framework) implemented. Family systems interventions should be utilized when treating military members with PTSD and their families.
2014	Gewirtz, McMorris, Hanson, & Davis	Explored deployment experience, emotional struggles, couple adjustment and child functioning.	N = 181; 34 mothers deployed at least once & 147 mothers experiencing deployment of spouse	Randomized control trial	Self-report questionnaire (re: PTSD, parenting, child functioning etc.), checklist, scales	Deployed mothers reported a slightly greater number of past year negative events. Increased conflict over parenting in deployed mothers. There was no difference between mothers not deployed and

						non-deployed with regards to children's well-being
2014	Harrison, Albanese & Berman	To compare the well-being, family functioning, attitudes toward school, and peer relationships from CAF families with those of their civilian peers. Also to collect data on the impact of military stressors and to develop ideas about the conditions under which there are resilient.	N = 8 adolescents whose father or step father had military related PTSD as a result of serving in the Canadian Armed Forces (CAF)	Qualitative study	Semi-structured interviews	Military parents with PTSD are often emotional unavailable to their adolescents. Adolescent often assumed a parental role. Externalization of emotional reactions from the adolescents was common.
2014	Guzman	Overview of studies and review of interventions designed at helping children within military-connected schools	Review of interventions including secondary analysis of FOCUS program evaluation data from n=488 families	Quasi-experimental study. Secondary data analysis: Baseline and follow up assessed	Parent report questionnaire; self-report for children 7 and up.	Most programs focus on prevention or early intervention. Although many children demonstrate resiliency when it comes to deployment additional stressors that are chronic can impact children emotionally and behaviourally. Increase in coping strategies in FOCUS program (decrease of conduct and emotional problems)
2014	Maršanić, Margetić, Jukić, Matko, & Grgić	Emotional and behavioral symptoms, parent-adolescent bonding and family functioning in	N= 122 Croatian PTSD veteran's adolescent (between the	Matched cohort study	Adolescent self-report questionnaire and instruments	Adolescent offspring of Croatian PTSD war vets were 2 times more likely than non-PTSD

		adolescent offspring of Croatian PTSD war veterans	ages of 12-18) offspring; N = 122 non-PTSD veteran adolescent offspring			adolescents to report internalization and externalizing problems.
2014	Ross & DeVoe	How to engage families with young children in a home-based reintegration program to assist in alleviating deployment-related stressors and mental health functioning	N= 9 OEF/OIF families; Program review (Strong Families)	Qualitative study	Over 90 interviews completed with key military informants, child care providers, and NG/R parents of young children	Strong Families utilized a strength-based approach to working with military families which encompassed a public health approach which was effective at engaging military families
2014	Seamone	Frequency of contacts with military families and their perceived education needs regarding military families. Explored the types of issues judges needed help with and understanding family stressors as a result of deployment and PTSD in an attempt to educate judge on issues faced by military families.	N = 145 judges from 31 states from Dec. 19, 2011 to Jan. 25, 2012	Cross sectional survey	First national survey ranking key concerns of cases involving military families	Military families bring unique challenges to family courts who often require specialized education to appropriately address the issues. As a result, standardized curriculums are being developed to meet this specialized population.
2013	Cozza, Haskins, & Lerner	Psychological distress from deployment, psychological trauma of a parent or death.	RAND corporation n = 1500 children age 11 to 17; UCLA n = 272	Cross-sectional study. Exploration of previous studies to explore impact of	RAND - Telephone interview;	Deployment itself creates stress in parents and children. PTSD and other struggles can lead to increased problems within

			age 6 to 12; U of N.C. 310,000 age 5 to 17 to explore impact of parent's PTSD;	deployment and stressors such as PTSD on children and military members	UCLA – telephone interviews; U of N.C. – mental health outpatient treatment records	the family including risk of child maltreatment, and emotional and behavioral problems in children.
2013	Dekel, Mandl, & Solomon	Salutogenic outcomes following trauma in offspring of veteran survivors of the Holocaust	N = 43 whose parents were and n =156 of parents who were not second-generation veteran survivors of Nazi Holocaust	Cross-sectional survey. Repeated measures design; measured 18, 30 and 35 years after the war	Posttraumatic Growth (PTG) Inventory	Holocaust survivors had lower PTG over time. Transgenerational transmission of trauma may be implicated in the offspring's response to trauma (p.532).
2013	Lester, Stein, Saltzman, Woodward, MacDermid, Milburn, Moqil & Beardlee	Evaluation of a family-centered prevention program, FOCUS. Understand distress among family members and determine program impact on child adjustment as well as less distress among service member parent, civilian/caretaking parent and children	N = 280 families (505 children aged 3-17)	Quasi-experimental study Longitudinal study; measures were employed before the implementation of the FOCUS program and after	Multivariate data analysis Standardized measures including service and civilian parental distress, child adjustment and family functioning	The FOCUS program resulted in better overall family functioning in all members of the family.
2013	Smith-Osborne,	Reviews studies that explore the impact of parental PTSD and	Synthesis of 10 meta-analytic and systematic	Systematic review of reviews	Systematic review of 10 meta-analytic and	Gene, physiology and environmental correlations and interactions that

	Wilder, & Reep	resilience among military children	reviews; n= 35,971 individuals		systematic review studies	predict increase risk for PTSD but not direct transmission to military children. Neurobiologically, children's experience of parental trauma is different from primary trauma exposure.
2012	Waliski, Kirchner, Shue, & Bokony	Education of school counselors about experience of OEF/OIF/OND families and learn from their observations as home-front responders in public schools during a 2-day workshop	N= 82 school counselors working with military veteran's families who have undergone psychological trauma	Quasi experimental study	Pre and post course evaluations	School counselors were able to increase their knowledge base with regards to the experience of OEF/OIF/OND families
2011	Cohen, Zerach, & Solomon	PTSD, parental satisfaction, parental functioning	N =477 (267 – Israeli male veterans with combat-induced stress reaction (CSR); 210 male veterans – no CSR)	Comparative analysis. Longitudinal Study (compare military with PTSD to no PTSD)	Scales; questionnaire; PTSD inventory	CSR report less parenting satisfaction & functioning in individuals with PTSD than veterans without CSR.
2011	Khaylis, Polusny, Erbes, Gewirtz, & Rath	PTSD symptoms, relationship functioning, and treatment preferences including family-focused interventions	N= 100 National Guard soldiers recently redeployed to Iraq or Afghanistan	Cross-sectional survey	Self-reported questionnaire	PTSD symptoms were associated with degree of relationship concerns with their spouse and/or children. Soldiers preferred

						family-based interventions over individual treatment.
2009	Leiner	Explores the complex family processes by which those who did not experience the actual events come to exhibit varying degrees of emotional, psychological and behavioral manifestations of their parents' traumatic experience.	N = 5 case vignettes taken from an outpatient mental health clinic	Case studies	Vignettes from outpatient mental health samples explored	The "invisible wounds" (impacts that cannot be visibly seen) associated with parental PTSD can have intergenerational impacts on children. Consequently, a child may display externalizing behaviors as a result of the emotional difficulties that are best understood using a bio-psycho-social framework.
2007	Gold, Taft, Keehn, King, King, & Samper	Explored association between PTSD symptoms severity and marital adjustment, family adjustment, family cohesion, parenting satisfaction, and psychological abuse	N = 89 female Vietnam veterans drawn from NVVRS sample (which involved face-to-face interviews)	Quasi-experimental design	Self-report scales (i.e. PTSD symptom severity was assessed with the 35-item self-report Mississippi Scale for Combat-Related PTSD)	Female veterans with PTSD was associated with family adjustment and functioning. Children's behaviour problems were associated with PTSD symptoms.

### Author Note

Tara Collins is a registered social worker currently in her second year of her PhD at the University of Calgary. Her dissertation research focuses on the experience of family members who reside with a military member with PTSD. She has over 15 years of experience as a social worker both non-profit & government agencies in mental health. Ms. Collins was recently awarded a scholarship through Wounded Warriors for her research related to military members PTSD and families. Correspondence regarding this article can be addressed directly to: [tara.collins2@ucalgary.ca](mailto:tara.collins2@ucalgary.ca).

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