

REPORT DOCUMENTATION PAGE

Form Approved
OMB No. 0704-0188

AD-A285 982



Information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Avenue, Washington, DC 20540, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0188), Washington, DC 20503.

2. REPORT DATE
August 1994

3. REPORT TYPE AND DATES COVERED

Family Stress and Adjustment During a Peacekeeping Deployment

5. FUNDING NUMBERS
DTIC
SELECTE
NOV. 04 1994
S B D

6. AUTHOR(S)

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US Army Medical Research Unit-Europe
Unit 29218
APO AF 09102

8. PERFORMING ORGANIZATION REPORT NUMBER

WRAIR/TR-94-0021

9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES)

US Army Medical Research & Materiel Command
 Ft. Detrick, Frederick, MD 21702-5012

10. SPONSORING/MONITORING AGENCY REPORT NUMBER

11. SUPPLEMENTARY NOTES

12a. DISTRIBUTION/AVAILABILITY STATEMENT

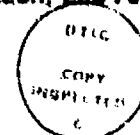
Approved for public release; distribution unlimited.

12b. DISTRIBUTION CODE

13. ABSTRACT (Maximum 200 words)

A US Army peacekeeping task force that was recently deployed from Germany to provide medical support to United Nations forces in the former Yugoslavia exemplifies the new trend toward small, specially-configured units involved in U.N. sponsored peacekeeping operations. One consequence of drawing soldiers from units across a wide geographic area is that family members are left similarly scattered. Using both survey and interview methods, we identified variables associated with healthy adjustment of family members and communities. Personal variables associated with adjustment included self-concept, coping skills, and social support while organizational variables included community responsiveness and proactive cooperation. These findings provide directions for those concerned with ensuring healthy adaptation of military families to future peacekeeping deployments.

This paper was presented at the annual meeting of the American Psychological Association, Los Angeles, CA, August 1994.



14. SUBJECT TERMS

coping skills; social support; military families; peacekeeping; task force

15. NUMBER OF PAGES

16. PRICE CODE

17. SECURITY CLASSIFICATION OF REPORT
UNCLAS

18. SECURITY CLASSIFICATION OF THIS PAGE
UNCLAS

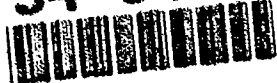
19. SECURITY CLASSIFICATION OF ABSTRACT
UNCLAS

20. LIMITATION OF ABSTRACT

Family Stress and Adjustment During a Peacekeeping Deployment¹

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**U.S. Army Medical Research Unit - Europe
Unit 29218
APO AE 09102**

2009
94-34172


Running Head: FAMILY STRESS DURING DEPLOYMENT

**Paper presented at the annual meeting of the American Psychological Association,
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**¹The views of the authors do not purport to reflect the position of the Department of
the Army or the Department of Defense (PARA 4-3, AR 36(1-5).**

Abstract

A U.S. Army peacekeeping task force that was recently deployed from Germany to provide medical support to United Nations forces in the former Yugoslavia exemplifies the new trend toward small, specially-configured units involved in U.N. sponsored peacekeeping operations. One consequence of drawing soldiers from units across a wide geographic area is that family members are left similarly scattered. Using both survey and interview methods, we identified variables associated with healthy adjustment of family members and communities. Personal variables associated with adjustment included self-concept, coping skills, and social support while organizational variables included community responsiveness and proactive cooperation. These findings provide directions for those concerned with ensuring healthy adaptation of military families to future peacekeeping deployments.

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Family Stress and Adjustment During a Peacekeeping Deployment

In the spring of 1993, a U.S. peacekeeping medical task force was deployed from Germany to Camp Pleso, located outside of Zagreb, Croatia, in support of Operation Provide Promise, a United Nations' peacekeeping operation in the former Yugoslavia. This newly constituted task force drew soldiers from a wide geographical area and exemplifies the trend toward specially-configured units that support United Nations-sponsored peacekeeping operations. One consequence of drawing soldiers from a wide area is that family members are left similarly scattered which has an impact on the support families receive. The deployment to Croatia provided the opportunity to examine aspects of individual and community responses and how they relate to successful adjustment.

Deployment has been previously found to be associated with increased emotional difficulties for spouses (Nice, 1993; Segal & Harris, 1993) as well as with opportunities for personal growth (Bartone, Harris, Segal, & Segal, 1993). Interviews with Army wives whose husbands were deployed as part of a peacekeeping force in the Sinai found a diversity of individual adaptation (Bartone et al., 1993). Organizational climate has also been found to relate to psychological adjustment. Survey research on family adjustment during

Operation Desert Shield/Storm concluded that organizational climate and resources are related to psychological well-being and symptomatology (Rosen, Teitelbaum, & Westhuis, 1993).

The purpose of the present study was (1) to assess the impact of a 6-month peacekeeping deployment on family members, (2) to identify the strategies used by different communities in providing support, and (3) to assess the relative effectiveness of such strategies.

Method

Interview

Mid-way through the 6-month deployment, a stratified random sample of 45 of the 126 spouses was selected for in-depth interviews. Five declined because of time constraints and one was not interested (a response rate of 88%). The interview sample consisted of 92% women, 26% of the spouses were either active or former active duty, and 74% had children. There was a diversity of ethnic backgrounds, military specialties, and ranks represented. The sampling strategy insured adequate representation of members from the two largest affected communities (11 from community A, 11 from community B), as well as spouses who were among the only ones in their communities to be affected by the deployment (17 outliers). Interview topics included

background information, feelings about the deployment, stressors, adjustments, the rear detachment, and family support services. Informal observations of community activities and interviews with key leaders were also conducted.

Survey

A survey was mailed to 126 spouses, and 66 (52%) were completed and returned. The survey sample was similar to the interview sample. There were 91% women, 33% of respondents had a current or former service history, and 71% had children. There was a diversity of backgrounds represented in the sample. An effort was made to gather data from the two larger affected communities (6 from community A, 24 from community B), as well as from those spouses who were among the only ones in their communities affected by the deployment (35 outliers). Besides demographic information, the survey included a general symptom scale (Bartone, Ursano, Wright, & Ingraham, 1989); a well-being scale (Bradburn, 1969); and a short form of the Center for Epidemiologic Studies Depression Scale (CES-D; Ensel, 1986). The survey also included stress and coping indicators consisting of a list of stressors, social supports, and homecoming issues.

Results

Interview

Results from the interviews indicate that families were experiencing a loss of social, emotional and parenting support. They were particularly frustrated by what many perceived as a lack of acknowledgment of their situation both from the rear detachments in their communities and from the media. In addition, several spouses emphasized that although they appeared to be high functioning individuals, they were also experiencing significant difficulties. For example, while dual military couples acknowledged having certain advantages in knowing the military system, they reported that people expected them to adjust easily to the deployment, even though they were indeed having difficulties.

At the organizational level, certain themes were apparent in the responses from the interviews. The relative success of rear detachments in providing support varied with location. Communities that were experiencing the drawdown appeared to be less successful in providing consistent and satisfactory support. In addition, some families in outlying areas received no or very limited contact related to family support services.

Among spouses in the large community slated for closure (community B), there was dissatisfaction with the support groups, which were primarily run by military personnel. There was also a sense that their special situation was not adequately acknowledged by the rear detachment. This rear detachment was experiencing both the stress of closing down a hospital, and structural confusion as to who was responsible for the families of deployed soldiers. Part of the problem was clearly related to the fact that only one-third of the community's hospital staff was involved in the deployment.

In comparison, community A, which had a smaller but sizeable number of affected spouses, developed an active partnership between the rear detachment and spouses. This cooperation was initiated by the rear detachment and was planned prior to the actual deployment. Spouses in this group reported general satisfaction with and an appreciation for the support provided by the rear detachment. The spouses specifically mentioned satisfaction with the emotional support provided by the family-run support group, and the sense that the rear detachment would try to help them if needed.

Among spouses from the "outlying" areas, satisfaction with organizational services depended on the individual initiatives of deployed soldiers' units. The majority of outlier spouses, however, reported receiving little or no support.

Lack of information and clear organizational structure compounded the difficulties in meeting the support needs of families.

The success of family support services in a given community seemed to depend on a combination of military and family initiatives. A lack of clear role identification and communication among the various rear detachments, however, compounded the difficulty in providing effective support. The importance of providing both informational support and emotional support in the family support group meetings was cited frequently.

Survey

Survey results were consistent with the results from the interview data. Respondents varied in their perception of community responsiveness depending on location (Figure 1). Respondents from more supportive communities reported fewer symptoms of depression (Figure 2).

Insert Figure 1 About Here

Insert Figure 2 About Here

Survey results also identified that spouses had the most concerns about safety of the deployed spouse and uncertainty about the future of the deployed soldier's unit. Psychological symptoms were significantly related to concerns about being alone, boredom, financial problems, safety concerns, the separation itself and marital problems (Table 1). As expected, total stress scores were significantly correlated with total number of psychological symptoms ($r = .51, p < .001$), CES-D scores ($r = .59, p < .001$), and negative well-being ($r = .59, p < .001$). Common psychological symptoms included feeling lonely and isolated (reported by 66.7%), as well as being overwhelmed by the demands of de facto single parenthood (reported as at least a moderate concern by 31.9% of those with children). Spouses also reported experiencing distress symptoms such as sleeping problems (reported by 57.6%), appetite loss (36.4%), and impatience (reported by 89.4%).

Insert Table 1 About Here

In terms of coping, a majority reported getting along better than expected (75%), learning new things (66%), and becoming more independent (57%). Almost half (47%) reported that the separation was good for their marriage. A significant minority reported visiting their spouse in Croatia (11%), while 8% moved back to the U.S. during the deployment.

In terms of social supports, 94% reported having someone to listen to them when they needed to talk. In contrast, 12% reported not having someone available to give advice, and 17% reported not having someone available to give information. Having such supports were associated with a significantly lower number of symptoms as measured by the Symptom Scale, $F(2, 62) = 3.51, p < .05$, and $F(2, 61) = 3.81, p < .03$, respectively.

About half of the respondents (52%) reported attending informational meetings and 25% reported receiving emotional support from family support group (FSG) members. The three most common reasons for not attending an FSG meeting was "distance," "that it was enough to know the FSG was there," and "it conflicted with work." Still, most respondents (94%) received and liked the newsletter that was developed for the benefit of all family members by the spouses from community A with the help of that community's rear detachment.

Discussion

The results from the interview and survey data highlight several areas that can be addressed in future deployments (Figure 3). Given that the stressors most often reported by family members related to a concern about safety and

job uncertainty, appropriate and immediate feedback would help alleviate fears, contain rumors and provide informational support structures. Developing an Chain of Concern is part of that effort but as was evident in the interviews, a Chain requires an effective rear detachment. The rear detachment needs, in turn, to be coordinated with other rear detachments so that boundaries can be respected and efforts streamlined. At a minimum family members should be clear about who their rear detachment is and whom they should approach in the event of a problem. This coordination was not consistently done in the case of the task force deployment.

Insert Figure 3 About Here

In addition, spouses who report boredom, feeling troubled about the deployment, and about financial problems can be targeted as particularly at risk for stress symptoms. Traditionally, junior enlisted families have also been identified as the group most at risk for difficulty with deployment-related stress. This was confirmed in the survey data but the results from the interview clearly emphasize the importance of not overlooking those who would traditionally be expected to cope well. The importance of having the experience acknowledged and validated by those around them and by the unit or rear detachment was explicitly repeated across communities and would be significant regardless of how someone appears to be coping.

Besides identifying individuals at risk, characteristics of communities most at risk were also identified. Some communities met family support needs better than others, and this has direct implications for individual symptomatology. Outlying communities, in particular, may have difficulty meeting the family support needs of individuals. FSGs are important in family support planning, but given the problems of distance, alternative methods of support may need to be developed. For example, the use of phone contact across much of Germany was highly effective for those who lived in outlying communities. This contact occurred because of the individual effort and initiative of the task force commander's wife, hence it was not an institutionalized intervention. A formal designation of such a person would help insure that this role is not overlooked in the future. In addition, this volunteer needs to be fully supported by the rear detachment. The newsletter is another creative solution to the problem of a large geographical area impeding family support. Part of the success of community A's newsletter was that it provided an informal and social look at life at Camp Pleso; gave the commander a forum through which he could reach the families directly; and helped to connect family members from different communities. Another way to address the family support needs of outlying communities would be to rotate locations of FSGs or use mobile leaders who can bring the family support initiative with them.

The deployment to Zagreb created several new challenges for rear detachments. A large proportion of the deployed soldiers was able to take

leave back in Germany, and many spouses also visited the deployment site itself. Mid-deployment contact was overwhelmingly viewed positively but was not without conflict. Educating family members and soldiers about what to expect from mid-deployment visits could help them keep their expectations in check.

Increasingly, families are expected to face the many stressors associated with U.N. peacekeeping deployments: both the stressors associated with any long-term separation, as well as those stressors associated with a unit that is potentially drawn together from a widely scattered area, especially when that area is not in the continental United States. The results from this study identify personal variables associated with adjustment, stressors associated with symptomatology, and organizational variables associated with community responsiveness. These findings provide directions for those concerned with facilitating healthy adaptation of military families affected by future peacekeeping and/or humanitarian assistance missions.

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Table 1
Stressors Correlated with Symptomatology

Stressors	Self-report Symptomatology ¹	
	Symptom Scale ²	CES-D ³
Concerns about being alone	.61 **	.67 **
Boredom	.60 **	.66 **
Financial Problems	.56 **	.48 **
Trouble handling separation from spouse	.50 **	.58 **
News reports about trouble in former Yugoslavia	.44 **	.43 **
Personal health problems	.43 **	.33 *
Concerns about my spouse's safety	.35 *	.41 **
Marital problems	.32 *	.27
Concerns about my own/family's safety	.31 *	.38 **
Getting daily household tasks done	.31 *	.36 *
Children	.31 *	.17
Concerns about infidelity	.30 *	.26
Uncertainty about what the mission is	.22	.30 *
Problems with my spouse's unit leadership	.09	.31 *
The rear detachment	.19	.33 *

¹N = 66.

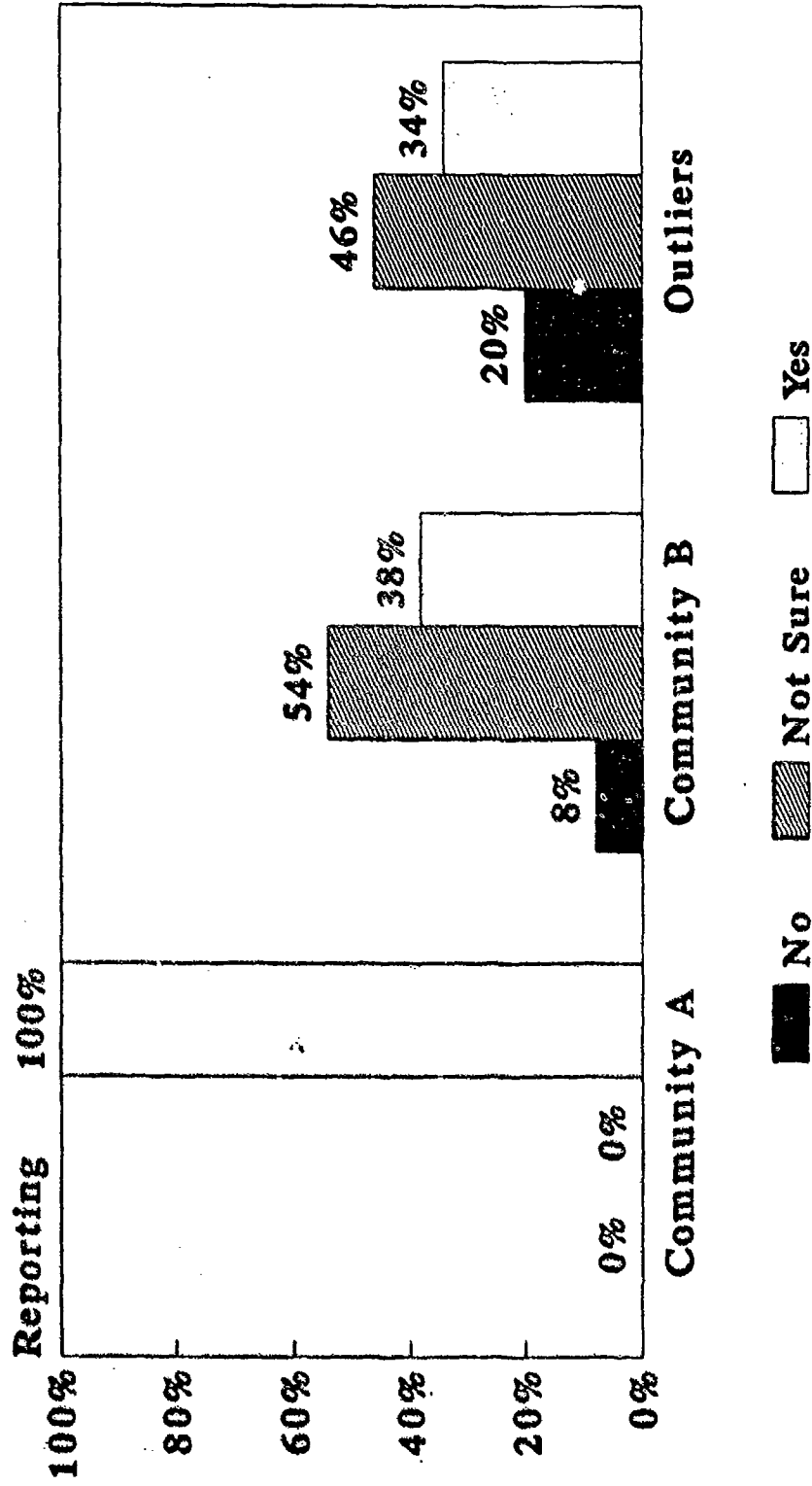
²General symptom scale.

³Short form of Center for Epidemiologic Studies Depression Scale.

*p < .01.

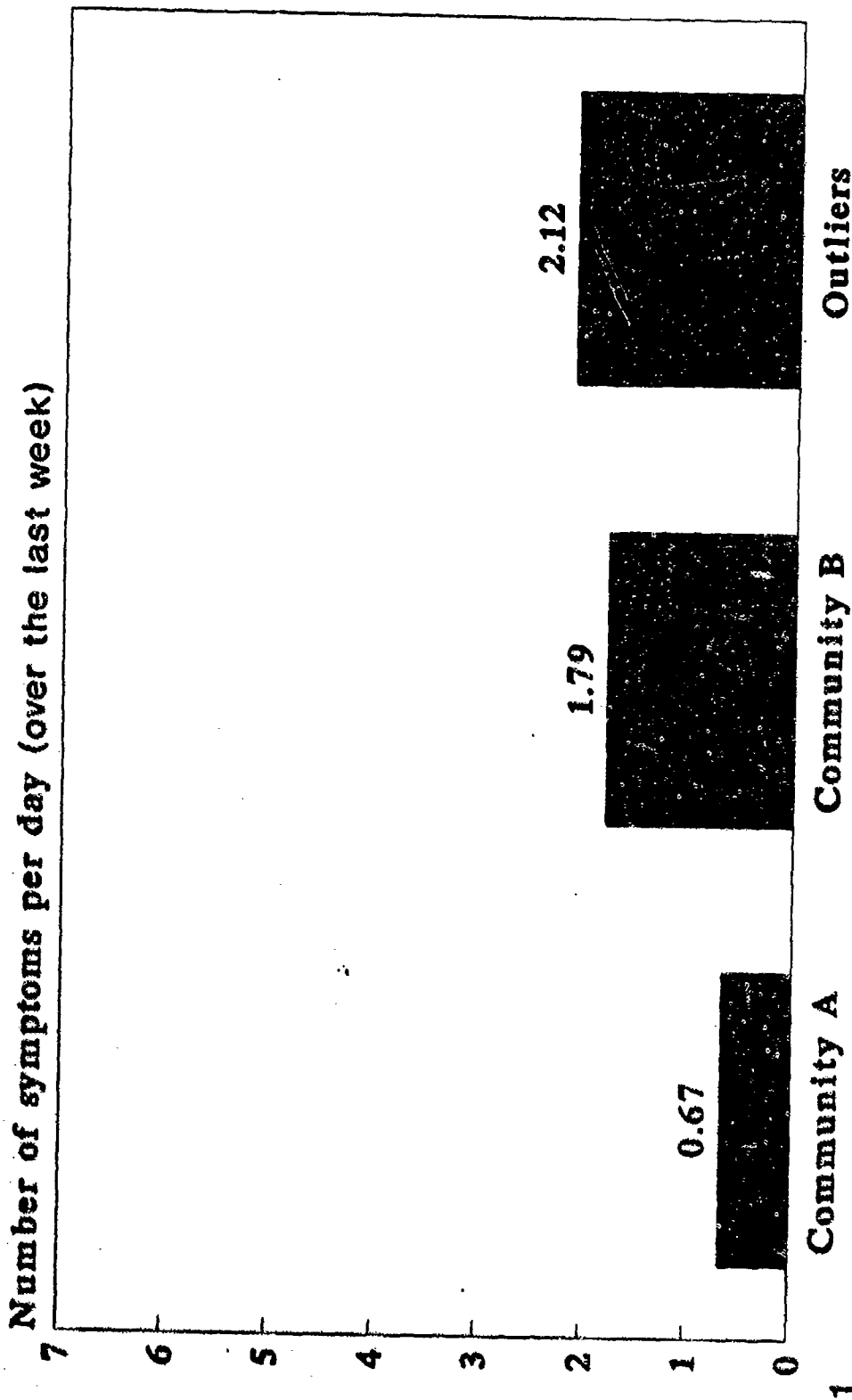
**p < .001.

Figure 1
Perception of Army Responsiveness by
Location^{1,2}



1 "Is the Army providing you what is needed in terms of family support?"
2 Chi Square (4, N = 66) = 10.97, p < .05.

Figure 2
Mean Depression Scores by Location ^{1,2}



1 Based on short form of CES-D.
2 E(2, 63) = 2.36, p = .10.

Figure 3
Recommendations for Family Support During Peacekeeping Deployments

I. Coordinate support for families

- a. Get mailing list during pre-deployment training activities..
- b. Assign Family Support Coordinator at Task Force level to oversee services.
- c. Make sure that spouses know who is responsible for family support and to whom they can go in case of problems.

II. Address Family Support Group Needs

- a. Start early, use pre-established structure where possible.
- b. Respond to social-emotional needs, not just informational needs.
- c. Receive active support from rear detachment.
- d. Facilitate grassroots efforts for outliers and newly attached, don't ignore units that seem "fine."
- e. Address lack of family support group participation through active outreach via alternative efforts (phone contact, newsletters, rotating locations of support meetings, having a mobile support leader).
- f. Given the amount of traveling families do, consider helping with travel arrangements, keeping track of travel for the Chain of Concern, and integrating mid-deployment visits with spouses into reunion education.

III. Address Stressors of Most Concern

- a. Safety issues: emphasize providing accurate information on mission, develop effective telephone tree, respond to media reports.
 - b. Unit uncertainty/changes: emphasize providing timely information, make sure spouses are not cut off from information provided by the deployed soldier's unit.
 - c. Identify people at risk for adjustment problems including those who are bored, feeling troubled about the separation itself, experiencing financial problems, and spouses of junior enlisted soldiers.
-