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When a Parent Gets Deployed: Helping Military Families Deal With Stress

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Given the current international climate and the fact that many military personnel are being deployed into active duty either stateside or abroad, military families are experiencing an increased amount of stress. With this stress and pending absence comes strain on the parent/child relationship. This article explores the unique needs of military families and appropriate modifications of a 10-week filial counseling model. Through filial play therapy, military parental stress can be reduced and the parent/child relationship can be enhanced.

Military Families

Military families are always facing the threat of deployment. Mobilization or deployment is a tour of duty that is unaccompanied by the soldier's family (Program, 2001). The military family lives in a constant state of readiness that is heightened during times of national emergency or war. The military family must be constantly prepared in the event that their soldier gets deployed. All matters personal, legal, financial, and practical must be taken care of at all times in order to ensure that the family members are not left with overwhelming responsibilities. Examples of these matters can include the soldier having an up-to-date will, a power of attorney, and a military point of contact for his or her family in the event that he or she is deployed.

Deployment and/or mobilization is a difficult situation for all military members; however, the National Guard or reservist member can sometimes have an even more difficult time. These men and women have often established both a military and a civilian life. When they are mobilized, they must leave their family and their civilian job in order to fulfill their military requirements. This can cause distinctive problems with the family. For example, their income in the civilian world may be higher than that in the military, therefore causing the family to have to survive on less income during the time of the deployment.

With these added complications, the level of stress in families increases. When stress increases it affects children, families, and connections. Individuals are not always able to make necessary connections, especially with their children. When children do not feel connected to their parents, they often act out in school or turn to inappropriate coping skills. Behavior problems in school can stigmatize a child for a lifetime. When children feel inferior, unloved, or unwanted there are effects that can be detrimental and can lead to severe mental health problems later in life. Children of deployed parents often complain that the parent just left them or that the parent doesn't care about them. Spouses have a difficult time coping with the absence of their significant other; a child's stress is tenfold as they understand less.

This unique lifestyle of the military has out-of-the-ordinary responsibilities. The military member has made a commitment to protect, honor, and serve the country; therefore, the military family has accepted this commitment as well and is able to take care of issues on the home front when the soldier is deployed.

Filial Therapy

Current trends in the field of play therapy include the training of parents in play therapy skills. Filial play therapy can be defined as a unique approach used by professionals trained in play therapy and filial play therapy to teach parents to be therapeutic agents with their own children through a format of didactic instruction, demonstration play sessions, required at-home laboratory play sessions, and supervision. Parents are taught basic child-centered play therapy skills including responsive listening, recognizing children's emotional needs, therapeutic limit setting, building children's self-esteem, and structuring required weekly play sessions with their children using a special kit of selected toys (filial kit). Parents learn how to create a nonjudgmental, understanding, and accepting environment, which enhances the parent-child

relationship, thus facilitating personal growth and change for child and parent (Landreth, 2002).

Filial therapy is a group model, teaching parents in groups of six to eight to conduct at-home play sessions with their own children. Sessions are held weekly with the parents and therapist to discuss the at-home play sessions, difficulties and successes, and changes in the child and parent. At-home play sessions occur weekly in the home for 30 minutes. Parent groups meet weekly for 10 weeks. During these sessions, parents are taught and practice the skills necessary to conduct play sessions with their children at home. Additionally, parents receive feedback in the form of supervision.

Filial therapy uses several different modalities to ensure learning. Modalities include didactic instruction, role-playing, supervision, and a support group format. During training, parents learn how to therapeutically structure the play sessions, track behavior, reflect feelings and content, facilitate decision making and creativity, build self-esteem and therapeutic limit setting (Van Fleet, 1994). After learning the skills, parents then incorporate these skills into their 30-minute once-a-week play time (Guernsey, 1964; Landreth, 2002). Play sessions allow the child to express thoughts, needs, and feelings through the child's natural language of play that may not otherwise be communicated to parents (Robinson, 2001). Through play sessions with parents trained in filial skills, children experience an increase in self-concept, self-acceptance, and self-reliance (Guernsey, 1964).

As part of the training procedures, parents are asked to purchase specific types of toys and to put them together in the form of a filial kit. Toys include those suggested by Landreth (2002). The suggested toys are grouped by categories and include (1) real-life items such as a doll family, a doll house, furniture for the rooms of the doll house, nursing bottle or pacifier, plastic dishes, doctor's kit including Band-Aids, small transportation items such as a plane and a car, and telephone; (2) aggressive release items such as handcuffs, dart gun, rubber knife, and toy soldiers; (3) creative expressive items such as Play-Doh, puppets, small Lone-Ranger-type mask, soft ball, Popsicle sticks, large paper, crayons, and safety scissors; and (4) an inflatable plastic punching toy. Each category of toys allows children to express feelings to the parents.

Filial play therapy has proven to be an effective intervention with children and parents facing a variety of difficulties. In fact, parents have proven to be more effective agents of change than trained professionals (Ray, Bratton, Rhine, & Jones, 2001). Filial therapy is a beneficial way to deal with some of the anxiety that military children face.

Filial Therapy and the Unique Stressors of Military Families

The group format of filial therapy provides a place for parents to share their concerns about their children and their current situation. Parents hear others talking about struggles they are facing or have faced in the past. Parents realize they are not alone or are able to share their own tried solutions to dilemmas. Filial therapy training is a support group format. Parents will find that they can relax as they realize that there are other parents who are under the same amount of stress and coping with similar circumstances.

Filial therapy will allow for the child to work out his or her feelings through play, as play is the natural language of children. Children feel understood when their parent is reflecting and accepting their feelings. When the child feels safe to explore his or her emotions the child is able to work through challenges, feel secure, take responsibility for self, and accept his or her feelings. When the child has the opportunity to express self, the child feels accepted by the parent, and the parent-child relationship is enhanced. When the parent-child relationship is secure, parents experience less stress; therefore, parents are able to concentrate on the mission at hand: raising the children and maintaining the home until the soldier returns.

When working with deployed family members, it is important to address specific concerns. Spouses of deployed soldiers may need extra time to deal with their own feelings of abandonment, anger, or pride. Additionally, children may have feelings of anger. It is therefore important to spend extra time helping the parents learn to facilitate play through the child's feelings. When one parent is gone, the responsibility falls to a single mother or father. Remembering that the parent is new to single parenthood is vital. Facilitators need to be flexible and allow for make up sessions, provide babysitters and support. It is also helpful to emphasize the importance of the at home play sessions. When parents become overwhelmed, they may neglect the play sessions. Without the home sessions, filial therapy is not as affective. Additionally, it may be difficult for some military families to understand the freedom the child has during the play sessions. It is also helpful to fully explain why the child is allowed to lead the play sessions. Many military families are disciplined and parents are in control. Letting parents know that allowing their child to lead the session enhances their relationship with the child while allowing the child to play out his or her feelings is paramount. Without this understanding, parents may discount what they are learning in the filial sessions.

Conclusion

Military families face specific stressors. When a family member is deployed, these stressors are magnified. Filial therapy addresses parental stress as well as a military family's child's stress. With minor modifications, filial therapy can be an especially effective of reducing stress experienced by all members of a military family.

References

- Guernsey, B. (1964). Filial therapy: Description and rationale. *Journal of Consulting Psychology, 20*, 304–310.
- Landreth, G. L. (2002). *Play therapy: The art of the relationship* (2nd ed.). New York: Brunner-Routledge.
- Program, N. G. F. (2001). *Mission: Readiness, a personal and family guide for national guard and reserve members*. Washington, DC: Channing L. Bete.
- Ray, D., Bratton, S., Rhine, T., Jones, L. (2001). The effectiveness of play therapy: Responding to the critics. *International Journal of Play Therapy, 10*(1), 85–108.
- Robinson, J. M. (2001). Fifth-grade students as emotional helpers with kindergarten children, using play therapy procedures and skills (Doctoral dissertation, University of North Texas, 2001). *Dissertation Abstracts International, AAT 30733549*.
- Van Fleet, R. (1994). *Filial therapy: Strengthening parent-child relationships through play*. Sarasota, FL: Professional Resource Press.