

Serving Families Living in the Intersection of Military and Special Education Cultures

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Classen and Meadows

Abstract

In recent years, large separate bodies of research have developed regarding families who have children with exceptionalities or families with a military connection, but there has been little discussion regarding the intersection of these family populations. Each population has its own set of strengths and challenges, vet these populations are not exclusive of each other. It is arguable that any practitioner (e.g., social work, education) will engage with individuals from each and both populations. Many aspects of military culture and life experiences influence the family such as frequent moves, social isolation, family separation during deployments, and risk of loss. Families who have children with special education needs face challenges such as overcoming social isolation, managing medical care and specialized therapies, and advocating for specialized educational services. Military families living in the intersection of military culture and special education culture may experience issues related to continuity of care, fear of limited career advancement, and military appointment time obligations. Authors make suggestions for social work and education professionals to partner with each other and unit leaders to a) provide continuity of care, b) change the perceptions of limited career advancement and assignments, and c) mediate mission and family conflicts.

For almost two decades military families and their children have traversed through unprecedented long-term war operations that meant multiple deployments, recurrent separations, and frequent moves (Lester et al., 2016). Military service members in the United States (U.S.) are mostly young families who live on or near military installations, or in geographically remote areas throughout the U.S. and various overseas locations (Clever & Segal, 2013). Hence, approximately 2.5 million service members, have been deployed since 2001

(Tanielian, Karney, Chandra, & Meadows, 2014), live in our communities unrecognized for who they are or their connections to military life (Cozza, 2014). Similarly, military-connected children go unnoticed in many public school districts across the U.S. (Esqueda, Astor, & De Pedro, 2012) because data systems lack the ability to identify military students. Therefore, research identifying evidence-based practices in schools serving military families and their children is sparse and has been absent in education research (Esqueda et al., 2012). However, researchers, educators, social workers, other service providers, and policymakers are beginning to recognize and voice concern regarding this gap in the literature.

The purpose of this paper is to summarize current research highlighting educational issues faced by military families who have exceptional family members and discuss practical implications for education and social work professionals supporting military families and their children with disabilities. While a large body of literature exists regarding families who have children with exceptionalities and more research has focused on military families in recent years, there has been little discussion regarding the intersection of both interest areas.

Challenges Military Families Experience

A growing body of research has highlighted the unique challenges that military families and their children navigate. For example, military families often deal with the cumulative stress of multiple relocations and extended deployments which may lead to parental separations, post-traumatic stress disorder (PTSD), and personal injuries (De Pedro et al., 2011; Fraga, 2007; Lester & Flake, 2013; Lester et al., 2012; Osofsky & Chartrand, 2013; Wadsworth et al., 2013; Wolf, Eliseo-Arras, Brenner, & Nochajski, 2017). Children of military parents are three times more likely to change schools, averaging six to nine moves during their kindergarten to

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12th-grade education (Department of Defense, 2012). Military relocations and separations prompt changes in family members' roles; this turbulence in the family structure leads to peaks and valleys in overall family functioning.

Many service members report separation from family members during deployments as their most significant non-combat related stressor (Marek & D'Aniello, 2014). These absences create many difficulties for all members of the family, starting with the parental dyad, both of whom are heavily stressed from pre-deployment through the process of adaptation to their post-deployment reunification (Baptist et al., 2011). However, inconsistency in family structures and roles mostly disturbs children (Holmes, Rauch, & Cozza, 2013). Considering that almost two million U.S. children have been exposed to wartime deployment (Siegel, Davis, & Committee on Psychosocial Aspects of Child and Family Health, 2013), researchers are concerned about the impact of these stressors on families and their children (De Pedro et al., 2011). Yet, a dearth of school-based intervention research with military-connected children exists (Brendel, Maynard, Albright, & Bellomo, 2014; Cozza, 2014).

Challenges Families with Children with Disabilities Experience

Often, family burdens can be created when parents of children with disabilities feel it is necessary to take on non-typical parenting roles such as overseeing medical care, advocating for education services, managing intensive behaviors, and maintaining specialized therapy in the home (Hodgetts, Nicholas, Zwaigenbaum, & McConnell, 2013). Families who have children with disabilities report reduced time for work, leisure activities, and personal care due to increased responsibilities with no respite care or support (Dabrowsaka & Pisula, 2010; Kuhlthau, Kahn, Hill, Gnanasekaran, & Ettner, 2010).

Parents of children with disabilities report concerns including access to services (including access to information about services), financial barriers to obtaining services, lack of inclusion in schools and communities, and issues with family supports (Resch et al., 2010).

Challenges Military Families and their Children with Disabilities Experience

If typical military families experience the previously mentioned stressors and civilian families with children with disabilities experience the stressors above, picture the additional stress a military family may encounter when children in the family have special needs. Military families living in the intersection of military culture and special education culture may experience issues related to continuity of care, fear of limited career advancement, and military appointment time obligations. Specifically, deployment for military families who have children with disabilities means moving schools and learning how to navigate multiple complex service systems with a limited understanding of each service system (Branson & Bingham, 2009; Rous & Hallam, 2012) in yet another state with different rules. Furthermore, each move may mean additional evaluations, changes in the specific types of services provided, and funding of those services.

As previously reported, deployment has been associated with academic and behavioral challenges for some military-connected children (Bradshaw, Sudhinaraset, Mmari, & Blum, 2010; De Pedro et al., 2011; Mmari, Roche, Sudhinaraset, & Blum, 2009), and researchers have stated a concern that school educators and professionals may be responding to these needs by providing special education services (Esqueda et al., 2012). Yet, little research exists to guide professionals in supporting military children who are at risk for developmental delays or have disabilities (Waliski, Bokony, & Kirchner, 2012).

Calls for Professional Development within the Fields of Social Work and Education

The military and special needs communities have their own sets of strengths and challenges, yet these populations are not exclusive of each other. It is arguable that any practitioner (e.g., social work, education) will engage with

individuals from each and both populations and must be prepared to work with families and children living in the intersection.

Research suggests that many civilian educators and professionals may be unprepared to support military-connected children who fear the potential realities appropriately (e.g., bodily injury, death, or depression) of deployment (De Pedro et al., 2011; Mmari et al., 2009). Further, professionals do not typically understand the bidirectional nature of military-connected family factors (e.g., military culture, stress, anxiety, mental health of non-deployed parent, and changes in family roles), individual child characteristics (e.g., age and emotional development, child's coping skills, personality characteristics, and specific disability), and how these factors influence intervention outcomes (Brendel et al., 2014: Cozza, Chun, & Polo, 2005; De Pedro et al., 2011; Esposito-Smythers, Wolff, Lemmon, Bodzy, Swenson, & Spirito, 2011; Huebner & Mancini, 2005). Professionals need to explore such mediating and moderating family, individual, and deployment factors to inform prevention and intervention efforts (Brendel et al., 2014; Davis & Finke, 2015).

Furthermore, civilian educators and professionals may benefit from the support examples provided by Department of Defense Education Activity (DoDEA) schools who understand military culture and the effects transition and deployment have on the students' overall success in school (Brendel et al., 2014). For example, DoDEA schools often have a plan for supporting children who are grieving (Atuel, Esqueda, & Jacobson, 2011). Thus, critical professional development (PD) promotes resilience across the military community (Lester et al., 2012) by preparing professionals to choose, implement, and evaluate appropriate supports, prevention strategies, and evidence-based practices that address each family's and individual child's unique experiences (Martinez-Beck & Zaslow, 2006; Sheridan, Edwards, Marvin, & Knoche, 2009).

Guiding Theories for Serving Military Families and their Children with Disabilities

Existing theory can assist researchers, practitioners, and policymakers in better understanding military families and their children with disabilities. Specifically, intersectionality (Crenshaw, 1989), ecological systems theory (Bronfenbrenner, 1994), family systems theory (Bowen, 1985), and bio-psycho-social framework (Fava & Sonino, 2007) may improve professionals' cultural understanding of the military and special needs communities, cultural responsiveness, and further inform how professionals build family-professional partnerships that foster resilience and success.

Research suggests that military families have strengths including resiliency, community, and other compensating strengths that professionals can rally to mitigate adverse effects associated with the military culture in addition to military resources to aid families. Older military children are generally considered resilient because they have learned to cope, adapt, and adjust to new situations through multiple transitions, over a period of time (Weber & Weber, 2005). Specifically, a sense of community, whether through formal or informal supports, helps families make adjustments and enhances their perceived strengths and assets (Bowen, Mancini, Martin, Ware, & Nelson, 2003). Professionals working with military families should initiate partnerships with unit leaders to enrich social relationships and promote stronger informal communities (Bowen et al., 2003; Van Breda, 1999). Also, social supports and school resources can buffer the impact of stressors experienced by families who have a child with a disability (Russo & Fallon, 2014). Bowen et al. (2003) found that military families experienced greater satisfaction when both military and community support existed. Similarly, service members report a preference for family-based interventions focused on fostering growth through their family's strengths and resiliency (Gewirtz, Erbes, Polusny, Forgatch, & DeGarmo, 2011). Finally, military families have experienced improved financial circumstances in the last decade due to available

resources and support associated with guaranteed income, health care benefits, residential housing, and the availability of community support programs on base (Hosek & Wadsworth, 2013).

Suggestions for Better Serving Military Families and their Children with Disabilities

The authors suggest that social work and education professionals partner with each other and unit leaders to a) provide continuity of care, b) change the perceptions of limited career advancement and assignments, and c) mediate mission and family conflicts.

Provide continuity of care. The most common challenge family support providers mentioned (16%) was a lack of continuity of care for family members with special health care and/or educational needs (Aronson, Kyler, Moeller, & Perkins, 2016) due to inconsistencies in the types and quality of services provided across installations and communities. For example, educational support services, such as individual education plans (IEPs) may not consistently be provided across school districts, and the quantity and quality of services vary widely. Furthermore, the methods for accessing these services across installations are often different (Aronson et al., 2016; Classen, Horn, & Palmer, in press). Social work and educational professionals can work with each other and unit leaders to proactively become aware of how membership in the military may impact therapeutic service provision and family functioning (Davis & Finke, 2015). Furthermore, civilian-based social work and education professionals should also initiate a partnership with unit leaders (Classen et al., in press) to develop a new wave of military-informed family interventions that flexibly deliver supports to geographically dispersed families. Effective partnerships must span across all resources and programs to activate an all-encompassing and responsive effort by the military, community agencies, and organizations to benefit military families (Classen et al., in press).

Change the perceptions of limited career

advancement and assignment. Service members have widely reported concerns that behavior of family members, enrollment in the Exceptional Family Member Program (EFMP), and seeking help for their family or self can adversely affect their career advancement and assignments (Albano, 2002; Classen et al., in press; Wolf et al., 2017). Specifically, military families may worry about embarrassment or stigma resulting from a diagnostic label attached to their child, being judged as a poor parent, or having the child removed from the family (Sayal et al., 2010). An additional concern is that career opportunities may be missed when services are not available at a new base (Watanabe, Jensen, Newby, & Cortês, 1995; Davis & Finke, 2015). Family life educators, social workers, EFMP coordinators, and education professionals need to inform themselves of policies guiding self-identification of health or cognitive exceptionalities so they can appropriately inform families. In addition, professionals can reduce the stigma associated with formal types of intervention by developing self-help support groups and community supports (Black, 1993). Furthermore, professionals and unit leadership can coordinate efforts to disseminate information about existing programs, increase accessibility to the entire military community, and reduce the stigma associated with seeking mental health care (Classen et al., in press; Park, 2011).

Finally, professionals should partner with each other to leverage their fields' access to different resources for all military families but especially working to improve resource access for Reserve and National Guard families (Booth et al., 2007). In addition, professionals can help reduce perceptions of stigma by increasing individuals' privacy in accessing available resources (Girio-Herrera, Owens, & Langberg, 2013). Similarly, Burnam, Meredith, Tanielian, and Jaycox (2009) suggested that professionals offer in-home or off base mental health and therapy services. Recent research has also suggested benefits of virtual home visit models that break down barriers to care, improve resource access for Reserve and National Guard service members, and are useful in parenting interventions (Mogil et

al., 2010). In part, virtual care benefits exist because in-session activities are more focused on parents practicing the skills themselves with coaching and support from the professional.

Mediate mission and family conflicts. Lester and Flake (2013) describe how wartime military service affects families and their children and explain how family and community programming can successfully support them in navigating the various challenges. Professionals need to support the parent left at home so the service member can successfully carry out their mission overseas. As one military general stated, "This is a matter of national security. Soldiers should not have to worry about the education and mental health of their children while serving on the battlefield (LTG W. Caldwell, personal communication, April 5, 2013)." Professionals should increase the overall well-being of the non-military parent to ensure the success and well-being of the military-connected children. Since 2004, Military and Family Life Counselors (MFLC) have been embedded in military installations, schools, child services, and youth services to give military families more access to behavioral health services (MHN Government Services, 2014).

Summary and Implications for Professional Development

It is critical that PD helps professionals locate up-to-date information on special health care services, educational practices, local resources, special education services, and supports for military families (Aronson et al., 2016). This PD activity should also be reflected in the providers' typical weekly activities as research is rapidly evolving. In addition, PD opportunities should address military, cultural competence by conceptualizing military families and the broader military community as a cultural group (Bradshaw et al., 2010). As mentioned previously, professionals should explore practices used in DoDEA schools supporting military families and their children with disabilities to develop action plans for civilian schools wanting to improve the support provided to military families and children (Bradshaw et al., 2010).

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