

Child Parent Relationship Training (CPRT): Enhancing the Parent-child Relationships for Military Families

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***Abstract:** Military families experience increased stress when facing issues of deployment, separation, and reunification. The increased stress impacts the parent-child relationship as well as child behavioral and emotional well-being. Although recognizing the resiliency of military families, research points to the need to monitor parental stress both pre- and post-deployment and highlights the inherent risks that separation and reunification pose for the parent-child relationship bond. This pilot study was designed to explore the effectiveness of the Child Parent Relationship Therapy (CPRT) Training Model as a proactive method of enhancing parent-child relationships, reducing parental stress, and preventing negative impact of military separations on children.*

***Keywords:** Child-parent relationships, filial therapy, military families*

INTRODUCTION

As growing numbers of children are affected by parental military deployment, it is essential that social workers implement effective practice methods to prevent negative impact on the parent-child relationship in military families. The impetus for this pilot study was the growing interest in providing on campus programming to address the needs of military families particularly as a number of military parents were attending the university. The purpose of the project was to contribute to expanding and refining the knowledge base in the field of social work with military families. Given research findings supporting the effectiveness of Child Parent Relationship Therapy (CPRT) Training, groups based on this model were offered on campus for military families. Specific research questions explored were: 1) Does military parental participation in CPRT impact the parent-child relationships, level of parental empathy and stress, and the adjustment of children to family stress and/or disruption? 2) What adaptations can be made in the recommended CPRT ten-week model in order to meet the needs of military families on campus? 3) What are the specific challenges in maintaining and enhancing the parent-child relationship for military families on campus?

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LITERATURE REVIEW

Strengths and Needs within the Military Family

Military families exhibit unique strengths but also face unique challenges (Cozza, Chun, & Polo, 2005). Military families experience increased amounts of stress in confronting issues of anticipated deployment, resulting separation, and post-deployment reunion (Packman, Paone, LeBeauf, Smaby, & Lepkowski, 2006; Palmer, 2008; Rotter & Boveja, 1999). Although recognizing the resiliency of military families, research also points to the need to monitor parental stress both pre- and post-deployment and highlights the inherent risks that separation and reunification pose for the parent-child relationship bond. Flake, Davis, Johnson, & Middleton (2009) found that the most significant predictor of child psychosocial functioning during military deployment was parental stress. The impact on children of wartime separations depends largely on the remaining caregiver's ability to respond to the needs of the child (Yeary, 2007). The heightened stress often experienced by nondeployed spouses can impact children who may sense the tension within the family household. Studies have raised concerns regarding the increased prevalence for children, ages three through five with a deployed parent, to exhibit symptoms of behavioral problems (Chartrand, Frank, White, & Shope, 2008). In studies looking at child abuse, researchers have found that the most common predictors of child abuse potential among military parents were parental depression, parental distress, and family conflict (Schaeffer, Alexander, Bethke, & Kretz, 2005). For military personnel experiencing Post-Traumatic Stress Disorder (PTSD), the children may be at greater risk due to negative parent-child interaction related to the impact of parental PTSD on parenting skills, attachment, hostility, and violence (Palmer, 2008).

The increased use of National Guard and Reserve Units in current conflicts has led researchers to consider the possible differences in stressors experienced by these families as contrasted with active military families (Vogt, Samper, King, King, & Martin, 2008). For active military families, deployment may be considered a developmental or "normative" crisis as serving in a war effort is part of the job (Chapin, 2011, p. 528). In contrast, Reserve members hold civilian jobs and families are integrated to a lesser degree into military life and military support systems. In addition, National Guard/Reserve members tend to receive different training and typically experience fewer separations (Vogt, et al., 2008).

The literature urges researchers and practitioners to look for effective practice methods to help military families positively negotiate the challenges posed by family disruption (Chartrand, et al., 2008; Everson & Figley, 2011; Packman, et al., 2006; Palmer, 2008). Palmer (2008) encourages practitioners and researchers to consider utilizing a theoretical pathway that assesses risk and resiliency factors in order to assist in addressing the unique needs for military families. Such a theoretical pathway suggests the effects of military life on child outcomes may follow an indirect path, involving parental stress and psychopathology, rather than military life itself directly negatively affecting children of military parents. Treatment implications in adhering to such a model include increasing support during times of intensified stress in an effort to ameliorate negative effects. Since the parent-child relationship serves as the mechanism by which risk and

resiliency factors impact military children, the interaction between parents and children is a key issue in military children's well-being (Palmer, 2008). Increased parental functioning leads to better child outcomes. Research indicates that coping, parenting skills, and parent-child relationships may be important foci of resiliency-based interventions (Palmer, 2008).

The Child Parent Relationship Therapy (CPRT) Training Model

Consistent with this theoretical pathway, the Child Parent Relationship Therapy (CPRT) training group offers a strengths-based model to build resiliency while at the same time addressing risk factors associated with parental stress during the deployment cycle. CPRT may be considered a type of inoculation in building resiliency as learning is focused on developing positive interactions and parenting skills which parents can utilize now and in the future to continue building positive relationships with their children.

The Child Parent Relationship Therapy (CPRT) Training model is a well-established, evidence-based program designed to improve parent-child relationships (Landreth & Bratton, 2006). The foundational elements of CPRT were established in the filial therapy treatment model designed by Bernard and Louise Guerney in 1967. Filial therapy is a therapeutic approach utilized by trained play therapy professionals who, in turn, train parents to be therapeutic agents with their own children (Landreth & Bratton, 2006). In 1991, Landreth proposed a ten session filial therapy model called Child Parent Relationship Therapy (CPRT) Training. The CPRT process entails both didactic and group process components offered in the context of a safe, supportive environment that encourages parents to explore feelings, attitudes, and perceptions of themselves, their children, and parenting (Landreth & Bratton, 2006). CPRT offers parents the opportunity to learn how to create a nonjudgmental, accepting environment that enhances the parent-child relationship and facilitates personal growth and change for both child and parent. Through group training and structured play sessions with their children, parents learn basic child-centered play therapy skills, such as reflective listening, recognizing, and responding to children's feelings, therapeutic limit-setting, and building children's self-esteem. In an age of precarious funding for social services and mental health programming, CPRT training teaches enduring relationship skills to parents, thus empowering them to become therapeutic agents with their own children and effecting long-term positive change.

CPRT is one of the more well-researched treatment models within the field of child psychotherapy. In 33 studies involving over 800 subjects, the efficacy of this treatment methodology supports its usefulness with a variety of issues and with diverse populations (Landreth & Bratton, 2006). Research demonstrates that the CPRT model, drawn from filial therapy principles, has had positive impacts with populations in several settings including fathers incarcerated in prison (Landreth & Lobaugh, 1998), mothers incarcerated in jail (Harris & Landreth, 1997), and single parents (Bratton & Crane, 2003). In addition, a descriptive report of utilizing the CPRT as a practice method specifically for military families supports its effectiveness (Packman, et. al, 2006).

Relationship to Social Work Theoretical Foundations

The ecological approach, a foundational theoretical framework utilized within the field of social work, considers the person in the environment. Social workers operate upon the premise of considering the impact of interactions between systems, including family, job, living environment, and school. Social workers strive to advocate for prevention and provide services which mitigate negative system impact for vulnerable populations. Thus, research looks at a vulnerable family system in response to its environment and seeks to alleviate sources of tension within the system and the environment, thus improving the family's overall well-being. Social work also relies on the Strengths Perspective which focuses on seeking opportunities to build resiliency. The Ecological Systems and Strengths Perspectives are helpful in understanding resiliency of military families as a dynamic process that is influenced by new challenges, strengths, opportunities, vulnerabilities, and new competencies (Saltzman, Lester, Beardslee, Layne, Woodward, & Nash, 2011). The resiliency of military families may be influenced by the degree of family and community social support, developmental stages of children, strength of marital relationship, and other current dynamics within the system. Repeated deployments may influence the system by either leading to new competencies or increased stress upon the system.

METHODS

This project utilized qualitative research methods. Data collection strategies included observations of participant activity in group sessions as well as videotapes of parent-child interactions, interviews in the form of a focus group, and thematic coding of process notes taken by the primary researcher, student research assistants, and participant weekly written feedback of sessions. Thus, trustworthiness and credibility of qualitative data were enhanced through observer and data triangulation in that several perspectives were compared in order to accurately represent data collected from different sources (Padgett, 2008). Data analysis was conducted by the lead researcher and student assistants. Patterns in participant comments were determined by the three student assistants and lead researcher which enhanced validity. Overall themes consistent in multiple data sources were coded by the lead researcher and corroborated through patterns identified in research assistant notes.

In researching the feasibility of this project, the need for immediacy and flexibility in group formats was identified because military family life is often unpredictable given immediate deployment and relocation issues. Thus, in addition to exploring the impact of CPRT for military families, this pilot project also sought to determine effective procedural methods in delivering the CPRT material for military families on a university campus. The CPRT model calls for a ten-session intervention format. However, adaptations to the model may be necessary for military families in order to respond to the immediacy needs of this population. The literature provides some support in adapting the filial therapy model and CPRT specifically in response to client needs. For instance, a five-week, bi-weekly session model was utilized with incarcerated mothers (Harris & Landreth, 1997). In another study, a three-week, twelve session intensive model was used with parents and children living in a domestic violence shelter (Smith, 2000). Jang (2000)

reported on a condensed version of CPRT that utilized a four-week, eight session model for Korean parents and demonstrated improvements in enhancing parent-child relationships. Since challenges in terms of time and schedule exist for military families, in this project three different formats were offered to participants: a ten-week group format for 1.5 hours each session, a five-week format with condensed material for two hours per session, and a brief three-session format with condensed material for three hours per session. Because of these adaptations, fidelity to the recommended ten-week CPRT model was not present. However, central CPRT skills consistent with the foundational model of filial therapy were taught and practiced in each of these session formats. The essential skills which have been consistently supported by literature and were covered in the sessions included structuring play time to support relationship building, empathic listening, encouraging imaginative play, and limit-setting. Chawla and Solina-Saunders (2011) reviewed the literature on the effects of deployment on child well-being and the parent-child relationship as well as major parent-child interventions and subsequently provided a rationale for the use of filial therapy with military families (p. 179).

In addition to session content teaching CPRT skills, focus group discussion also occurred during the last session with participants in order to evaluate perceptions of needs for military families within the community and the effectiveness of the project. It was hoped that 25 participants would be recruited for participation. However, after extensive recruitment efforts detailed below, only seven participants completed the sessions.

Procedures

The principle investigator has a background as a clinical social worker with twenty years of experience working with children and families including training in play therapy as well as specific training in the CPRT model. The principle investigator had started and sustained successful groups in response to client and community needs throughout her practice career. Professional training in play therapy skills is necessary for primary facilitators in order to implement this group model.

In assessing the need for this project and to ensure services were not being duplicated, several interviews were conducted with key personnel on the university campus including the director of the Veteran's Sanctuary Program, the Student Counseling Center, and the Psychology Department. It was determined that given the number of veterans on campus and few existing resources for parents and children that the group may serve an important need especially since the local National Guard was set to deploy within the year.

During month one of the research grant period, materials were ordered and prepared. The CPRT resource book and parenting manual (Bratton, Landreth, Kellam, & Blackard, 2006) were procured along with recommended videos and play kit toys. Student research assistants were hired during month two of the project. In order to find research assistants, the principle investigator garnered names of junior and senior social work students who were recommended by past professors as students who held excellent beginning

interview skills and good oral and written communication skills. E-mails were sent to this list of recommended students inviting them to contact the principle investigator if they were interested in the project. Grant funding allowed for hourly reimbursement of research assistant time. Three students indicated interest in the project and requested an interview. The interview consisted of questions regarding student interest, skills, and experience as well as information regarding the project details and expectations. The three students, one female and two males, who interviewed were selected as research assistants. The female student had personal active duty military experience in the Army. She had been deployed to Baghdad twice. Her skills and experience were invaluable in recruiting participants, educating research staff as to proper terminology, and establishing initial rapport with participants. One of the male students' fathers had served in the military in Vietnam. The third male research assistant did not have personal military experience but held great respect for those serving in the military and was a father of three children. Thus, the research team brought individual strengths which when combined provided a valuable base of experience needed to work with this type of group and population.

Training of research assistants also started during month two. Assistants were trained in research ethics, the CPRT model, and assessment/evaluation tools. Six training meetings were held for two hours per meeting. Assistants completed readings regarding the CPRT model, articles, and ethics. Recruitment of group participants also began. Recruitment at this stage involved contacts with the University Veteran's Sanctuary coordinator, University Counseling Center therapists, ROTC and Military Science Programs, Officers in the Veteran's Club, and community agencies serving veterans and military families including The Family Assistance Center, County Benefits, and VA Vocational Rehabilitation.

In community contacts, it was discovered that the local Guard unit was set to be deployed during the first month in which groups were planned to start. Thus, attempts were made to offer the group earlier in order to be available to Guard members prior to deployment. Although Guard members facing deployment did not sign up, word about the groups spread and once the Guard was deployed, their spouses made up the majority of participants in the CPRT groups offered. Additional recruitment efforts included posting flyers around campus and visibility of a booth at the Community Military Appreciation Day. A display was set up with group information which allowed military members and spouses to stop by the table and ask questions.

The groups were offered free of charge and included materials at no cost. After initial recruitment did not result in great numbers, additional incentive was added through offering optional course credit and babysitting services. Parents who took advantage of the babysitting signed a liability release form and volunteers from the Student Social Work Association provided services in an adjacent classroom to where parent sessions were held.

Participant Description

A total of seven (N=7) participants, six female and one male, participated in the groups. Five of the females were currently spouses of deployed National Guard members (N=4) or Army (N=1). One of these females was also a veteran and had been previously deployed. Another female (N=1) was active military and had recently returned from overseas deployment. The male (N=1) was military and had returned from deployment within the last two years. All participants were Caucasian. Participants were informed that the group was offered as a pilot research project and that the recommended ten-session CPRT model was being condensed in an attempt to explore different formats which may meet the needs of military families.

The ten-week group was first offered in October. Due to few participants, the start date was held off for two weeks in hopes of gathering more participants. Several parties called but were more interested in the five-week format because of child care difficulties and travel distance. Thus, the ten-week model was delivered as an eight-session format for 1.5 hours each session with one participant actively engaged. The participant was the wife of a National Guard deployed member. This participant had two children, ages three (3) years and ten (10) months. The child of focus was the three year old female. Child care was provided for these sessions. Parent and child taping were completed on two occasions as pre/post evaluation. Mother attended six of the eight sessions due to child illness and being out of town visiting her husband prior to overseas deployment. Content was made up during subsequent sessions and was achievable because she was the only participant. The principle investigator and one student research assistant worked with this individual. Although skills were able to be taught, the true nature of a group with involves social support was not able to be realized.

The five-session format had five participants. Two participants attended all five groups. Three of the participants attended four of the sessions as one session overlapped with visits to deployed husbands prior to going overseas. The male participant had one female child, age eighteen (18) months. The active duty veteran female participant had one female child, age five (5) years. The other three participants were wives of deployed National Guard members. One of these participants had two male children, ages three (3) years and sixteen (16) months with the three year old being the child of focus. Another had one male child, age eighteen (18) months and a stepdaughter, age eight (8). The third had one female child, age three (3) years. Two student research assistants helped the principle investigator facilitate this group. Research assistants and other student volunteers took turns providing babysitting services on the premises.

The three session format ended up with one participant. Several additional people had indicated interest by signing up for the group but did not actually attend sessions because child care was not available for this group. The female participant had been active military with two deployments. Her husband was currently deployed. She had two male children, ages three (3) years and eight (8) months. The child of focus was three years old. The principle investigator and one of the students facilitated these sessions.

Sessions were held on the main campus or a satellite campus location within a conference room or small classroom setting. Video equipment and a play room were

available for participant use in taping play sessions. Several parents opted to tape sessions at home for convenience and less disruption for their child. These videotapes were shared with facilitators as well as group participants during group sessions.

The CPRT curriculum material (Bratton, et al., 2006) was compacted through focus on skills in manual sessions one through six with brief review of skills detailed in subsequent sessions. As indicated in the initial research questions regarding adaptations for military families, specific information pertinent to military family needs such as an overall understanding of the potential impact of separations, unique stressors, and ways to maintain contact between child and active duty parent was included as an educational component in group sessions. It should be noted that this additional information deviated from the traditional CPRT curriculum. For participants with children under age two, play session length, and toy content was modified for developmental appropriateness. Parents were informed that the model addressed needs of children ages 2 through 10 years. Although not substantiated by research on the CPRT model, parental pre-learning of skills and relationship development may be considered a preventative approach.

Participants completed session feedback sheets following each session by writing answers to questions regarding what was most helpful, least helpful and suggestions. Per model, play sessions were recorded and viewed in the group so that facilitators and group members could provide feedback, particularly focused on strengths. Student research assistants and the principle investigator completed process notes regarding training procedure, recruitment, and session participation. Finally a semi-structured interview guide was used to conduct focus groups regarding assessment of needs of military families and impact of group model participation at the completion of groups. Following the completion of all sessions, the research team met for verbal processing regarding weaknesses and strengths of the groups and research process.

RESULTS AND DISCUSSION

Intake Concerns of Participants

Participants expressed concerns for their children at the beginning of group sessions including emotional expression, i.e., temper tantrums, yelling, hitting, screaming, no expression of feelings, (N=5), school behavior problems (N=1), sleep difficulties, i.e., nightmares, not going to bed, (N=2), and not feeling connected with child (N=1). Student notes from the first session corroborate these expressed concerns:

During the first session group members talked about the concerns they have with parenting...transitioning, worries about spoiling child while father is deployed, kids always want attention, school behavior and attachment issues from previous deployment.

Themes of Improvement

Understanding child's strengths and interests. The CPRT curriculum encourages parents to focus on their child's strengths. In doing so, participants gleaned new understanding about their own child's personality. One mother delighted in her focused

observations during home play sessions, “(My child) loves being in charge. (She) loves to flutter; very imaginative. (She) tells stories with the toys. (It’s) a real joy when not having to “mom” her. She loves her (play) time with mommy that is different.”

Other parents commented on seeing their child’s enjoyment in play, “(My) son loved the attention he received during the play session.” “(I) learned about myself as parent... (I) want to do play time more often because she (my child) loves it.”

Parents of children younger than two learned to consider their child’s developmental stage in play. One parent “improvised and had less structure of session.” Another entered play with her 18 month old son with the expectation that sessions would be shorter (5 to 10 minutes) to accommodate for his developmental age. Once the child appeared to lose interest, she would end the play session.

Imaginative play. Three parents noted that their child’s imagination and general play outside of “special play times” were encouraged by participation in the CPRT group.

A student research assistant observed in a videotaped play session:

I was able to see with her how she (the 3 year old child) was not only able to use her imagination but by mom reflecting it back on her, she was encouraged to use her imagination...Anyways the little girl had picked up a pair of handcuffs and asked her mom what they were for. Mom responded ‘what do you think they are’. The little girl used them to pick things up like a claw. It was one of those moments when you’re like ‘oh I see now how that works.’

Process notes from the second session of the five-week format indicated that parents commented positively on their child’s imagination in structured play sessions at home. The children appeared to love the attention and became more talkative. The participant in the three-session format noted, “(My) child is asking for me to play more instead of demanding attention... recognizes he is noticed-not wanting to watch TV as much-wants to play even if I’m not playing.”

Use of relationship-building skills and generalization. Skills which parents learned in the first session began to generalize to time outside of play sessions. The 30-second Burst of Attention (Bratton, et al., 2006) was particularly helpful to parents. When using the 30-second Burst of Attention, parents stop what they are doing in response to a child initiating needs for attention. The parent turns to face child, makes eye contact, listens, and reflects. Parents find that within 30-seconds the child’s needs have most often been met. One mother noted that the frequency of temper tantrums decreased almost immediately through using reflection, the 30-second Burst of Attention, and choice giving. Another mother commented that she is thinking more about her response, rather than impulsively reacting, when the child is mean to his little brother.

Generalization of skills seemed to be related to parent personality and stress level as well as the number of sessions overall which the parent attended as indicated by student notes, “After the first session the little girl looked forward to coming to the school and couldn’t wait for her playtime with mom. Mom also was very positive about the program and came prepared every week and was very involved.” In contrast, this student noted,

“The mom in the other group was not nearly as energetic and seemed to be under a great deal of stress.” Another student progress note points to skill development:

By the time we were done with this group (8-session) the mom was an old pro. She picked up the concepts so well and was able to implement them into their play sessions extremely well. She was always so fun and positive about what she was learning and told us several times that she thought the group was a great asset to her and her daughter.

In addition student research assistants were able to observe increased use of skill in the videotaped play sessions, “I also was able to see the progress made by the participants from one (session) to the next. It was easy to see the improvements and the increased use of what was taught after they had had the time to practice in between taping.”

The CPRT curriculum also encourages focus on parent strengths which tends to increase parental confidence and further motivates using the skills as student notes indicate, “One participant’s child just cried the whole time on the video, but it was good to see how the parent comforted the child and just held her until she felt better. It was a good teaching moment because the parent was concerned that it was a total failure.” Another student observed the growing confidence of parents:

I enjoyed seeing the progress that the participants made with each of their children as the sessions progressed. In the beginning session, the participants seemed uneasy, and I don’t think they were prepared enough to start doing the play sessions as quickly as we had them do it. As the sessions went on and the participants grasped the concepts better, they were able to improve their play sessions and also their relationships with their children. I liked seeing how at first the participants were awkward in their play sessions, and then towards the end they were comfortable and were able to more fully interact with the children.

During focus group sessions, parents made the following comments regarding the impact participation in CPRT had on their parent-child relationship: “(The group) has made a huge impact and has given me tools needed to continue building relationships in the future.” “I am communicating **with** her instead of **at** her.” “It has been positive...I have more insights into myself and my kids.”

Behavioral issues. Parents noted that behavioral issues which had been of concern demonstrated improvement as indicated in focus group comments regarding the impact of utilizing skills learned in CPRT on their parent-child relationship. One parent noted, “Behavior better with child...more open and willing to talk about feelings.”

Student observation notes indicate similar improvement:

The participants are starting to get closer to their children through these play sessions and one parent expressed how she has been getting more information from the child as to behavioral problems at school. This therapy is starting to show its worth and benefits to the participants.

Format Preferences

Although the five-week and three-week condensed formats initially appeared more attractive to participants because the shorter duration was conducive to family time needs, these formats did not provide participants the depth of skill level and practice necessary. Participants expressed that they wished they had done the longer group. Student research assistants noted that the shorter duration also did not provide enough group time to establish solid rapport with participants. Although offering child care increased participation, it was a challenge due to physical space limitations, inconvenient bathroom set-up, and sessions being too long and too late at night for children. Such a need for childcare, however, highlights the needs identified of military families for support. Participants were concerned about burning out family members and friends so did not want to ask them to babysit.

Student research notes are consistent with focus group feedback:

Five week sessions were too short and did not give them enough time to practice and develop the skills learned. The two hour sessions were too long; 1.5 hours suggested instead. Most thought they would prefer a 10-week group. The five-week group was preferable for participant who had to travel long distance.

Thus, the session format tended to be the primary concern with parents feeling like the five and three session trainings contained too much information with not enough practice time in between sessions to fully integrate the skills.

Challenges of Military Life

Participant comments in this pilot project support literature findings regarding common stressors for military families such as incomplete understanding of the impact of deployment, impaired family communication, and impaired parenting (Saltzman et al., 2011).

Not knowing; uncertainty. Participants shared insights into the challenges of military life including unpredictability, “(I) didn’t expect him to be deployed when married.”

In addition, participants expressed concern about how separations would impact their children as indicated by the following parent comments: “Will issues come out—if so, what do I do?” “Not knowing how or when kids will react. Not sure how future will play out; general uncertainty.” “Military thing is unexpected-not planned.” Parents also noted concerns that other people sometimes carried a “misunderstanding of what service member is doing.”

Parenting concerns regarding balance of discipline. Parents expressed concerns regarding the difficulty in achieving a healthy balance in discipline. One parent who had lived on a military base said, “After living on base I was concerned that some families ‘had it together’...this is the way it is...and other families overcompensated and gave way too much...spoiled...military brats.” Another stated she “worries about kids becoming ‘army brats’; finding balance between too harsh and too lenient.”

Students also noted these concerns in research notes:

Everyone in the group agreed that juggling obligations will be one of the specific challenges faced when trying to maintain the skills used and live a military lifestyle.

The male participant said he has anxiety which interferes with the amount of time and energy that he can focus on his daughter.

Adjustment issues including maintaining connection with child when deployed.

The focus group discussions provided insight into challenges and adjustments required of military families particularly in maintaining a positive relationship with their children. Comments from parents reflect these concerns: “(I) am short-tempered; react too quickly—react instead of think through things so catching self better.” “(I have a) hectic schedule...adjustment to ‘single’ parenting.” Regardless of whether a parent works at home or outside of the home, deployment created stress as indicated by parent comments: “A stay-at-home parent has no break.” “When I work, I have no time or energy.”

Parents pointed out concerns about maintaining connections between children and deployed parents who are overseas. For instance, one parent said, “(I am) concerned about kids relationship with their father (who is away). How strong or weak relationship will be because of absences.” Several mentioned concerns about the separation and resulting impact on relationship. Reintegration also posed difficulties as one parent described, “Homecomings-reintegration with everyone is challenging and an adjustment... (kids are at) different developmental stages when return.”

Parents discussed difficulties in maintaining connections due to time differences. For instance, young children may often be in bed when the deployed spouse is able to telephone.

Parents shared ideas on particular needs that they and their family have now as a result of involvement in the military. Parents agreed that support and help in practical ways such as childcare and home maintenance were needed. Parents felt they had little time for themselves and were reluctant to ask others for help too often. They also felt the need to release anxiety through exercise or being able to talk about personal and emotional needs with friends.

Needs CPRT could address from these voiced challenges. Techniques within the CPRT curriculum which were particularly helpful as voiced by parents within this pilot study include reflective responding, structuring play sessions, limit-setting, and choice-giving. CPRT can be of assistance to military families in coping with the challenge of uncertainty of military life as noted by student research assistant notes:

The techniques and skills used in the CPRT sessions seem to be really valuable, and I think it can be a beneficial part of helping military families transition. The members of the group seemed to express this also. Several members said that their child/parent relationships have progressed since the beginning of the group.

Everson and Figley (2011) note the importance of nondeployed spouses in considering the role of the family and spouses in maintaining morale and mental focus of military family members. Additional factors highlighted in their research include the potential impact of multiple deployments on family stress as well as the acculturation process that must take place within military families in terms of learning a new language, adjusting after relocation, and required adaptations within the deployment cycle. Learning proactive parenting skills such as those taught in filial therapy and CPRT may assist military families in making healthy system adjustments in times of stress and change (Chawla & Solinas-Saunders, 2011).

Although distinct issues may arise for active military families and National Guard/Reserve families, the unique needs of military families overall were considered in this pilot project. For instance, military toys and figures were included in the toy kits. Awareness of the challenges faced by military families and the culture were essential to integrate as indicated by student notes, “(The lead facilitator) integrated military thinking in with the session handouts. I think this was a nice touch to the group session and helped the group members relate more with one another.”

Session evaluations by participants indicated that it was helpful to learn more about play and particular skills such as letting the child lead in play, the whisper technique, limit setting and giving choices. Participants found the open discussion and conversation with other participants helpful in releasing concerns and frustration. Three parents also commented on the benefit of viewing the videotapes of self and others as being a way to identify their own strengths as well as learn from others.

Student notes corroborate participant feedback, “I think the parents that participated in the group process had a strong desire to improve or change some aspects of the way they parented. As a free service, I think it was valuable to the participants.” Another student wrote, “All the participants agreed that their participation in CPRT has helped them to have more insight in to the relationships with their children.”

CONCLUSION

Due to the nature of a pilot study and low participant numbers, generalization of the findings is limited. The condensed trainings were limited in effectiveness due to the short amount of time to develop the group process, teach skills, and engage in practice play sessions. In addition, compacting curriculum compromised the breadth and depth of skill training offered by the CPRT model. Separating researcher and practitioner roles of the primary investigator/facilitator was challenging. To mitigate this challenge, student research assistants were primarily responsible for gathering data by taking session notes and reviewing initial participant feedback.

Despite the limitations, this study adds to the literature by demonstrating the potential of positive benefits to military family participants in the use of filial therapy constructs and the CPRT model. Insights offered by student research assistants and participants indicate the potential effectiveness of utilizing the Child Parent Relationship Therapy (CPRT) Training Model with military families. Parents participating in the sessions noted a sense of increased efficacy in utilizing proactive parenting skills as well as decreased

emotional and behavioral concerns for their children. Parents were able to identify characteristics about their children and their strengths which they had not noticed previously which may enhance parental empathy. Building positive parenting skills and enhanced relationships through play can assist in reducing family stress throughout the deployment cycle. Parents who participated in the five-session format benefited from having the opportunity to share concerns and ideas with other parents in a group setting. The two parents who engaged in individual sessions still reported benefits of learning the skills and having the special play time with their children.

Benefits reported in this pilot study are consistent with other research demonstrating the efficacy of the CPRT model. Recent literature has supported the findings in this pilot study. Family-centered care, particularly in the form of resiliency training for families, has increasingly become a priority of the military health system (Saltzman et al., 2011). Chawla and Solinas-Saunders (2011) offer an extensive literature review which provides a rationale for the use of filial therapy with military parents and children.

The idea of offering the course for university credit as a ten-week course appears to be promising for military and veteran family members on campus. Conducting such groups on campus through Social Work Programs may contribute opportunity for student learning through involvement in research and group processes as well as be of benefit to military families within the community or on campus.

Further research on the implementation of the CPRT model with military families is warranted. Suggestions for further study include research utilizing a larger sample size, pre/post measures, fidelity to the ten-week CPRT model, longitudinal study information, and comparison of the model effectiveness for active military families and National Guard/Reserve families.

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