A wealth of research has demonstrated that when parental functioning is compromised, the effects reverberate throughout the entire family, extending to even the youngest members. The impact of parental distress or trauma on children, including very young children, is well documented in many different populations, including families experiencing interparental conflict or violence, parental depression, medical illness, and combat-related posttraumatic stress disorder (Beardslee, 1984; Christ, Siegel, & Sperber, 1994; Lester, Stein, & Bursch, 2003; Mireault & Bond, 1992; Rutter, 1966; Rutter & Quinton, 1984). Such family environments may significantly alter the developmental trajectories of young children by jeopardizing the quality of early parent–child relationships, interfering with established roles and routines, and exposing children to the “spill-over” of distressing or frightening parental affect and behavior. These disruptions in family life can impede the child’s ability to negotiate age-expected tasks and develop adaptive skills such as emotional and behavioral regulation.

Family-centered interventions that provide developmental guidance and increase adaptive skills (particularly parent–child communication, parent–child attachment relationships, and effective family management) can reduce problem behaviors and emotional distress in children and support development over time (for review see National Research Council & Institute of Medicine, 2009). However, although numerous studies have demonstrated the need for family-centered interventions, few interventions are specifically designed for families affected by psychological trauma.

Abstract
Parental distress and trauma affects the entire family, including the youngest children. Families OverComing Under Stress (FOCUS) is a targeted prevention program for high-risk families that aims to enhance family cohesion; support the parent–child relationship; and build emotional regulation, communication, and problem-solving skills across the family. Developed at UCLA and Harvard, FOCUS is currently implemented with many populations, including U.S. military families. This article describes FOCUS for Early Childhood (FOCUS-EC), which addresses the developmental needs of families with very young children. A case example illustrates how FOCUS-EC helps parents to assist their children in navigating the developmental tasks of early childhood in the face of parental deployment during wartime.
Deployment and Trauma

The Impact of Parental Deployment and Trauma

The ongoing wars in Iraq and Afghanistan continue to significantly impact families in the United States, undoubtedly contributing to higher distress levels for many parents and children. Almost half of all active duty service members have children, with the largest percentage of children being from birth to 5 years old (Office of the Deputy Under Secretary of Defense, 2008). Although previous studies suggest that many military children and families adapt quite well to routine deployments, the stress of multiple and prolonged wartime deployments may eventually strain some families (Lincoln, Swift, & Shorteno-Fraser, 2008; Palmer, 2008; Waldrep, Cozza, & Chun, 2004), with recent studies showing greater total months of deployment and poorer mental health among caregivers, contributing to increased stress among children (Lester et al., 2010) and adolescents (Chandra et al., 2009).

Much of the existing literature has focused on older children, but recent findings suggest that young children of deployed parents have higher rates of internalizing and externalizing behaviors than do similar-aged peers (Chartrand, Frank, White, & Shope, 2008). Young children’s responses to separation from an important caregiving figure and to distress in the nondeployed parent may be expressed through their difficulties with routines and patterns (e.g., sleeping, eating), regression to previous behaviors, withdrawal, irritability, and behavioral difficulties (Carroll, 2009; Lester, 2009).

There are likely multiple avenues by which parental wartime deployment impacts military families and children. Such deployments likely affect the quality of parent–child, marital, and co-parenting relationships in these families. There is an increased risk for child neglect and maltreatment in families experiencing multiple and prolonged deployments, particularly those with younger parents with young children (Gibbs, Martin, Kupper, & Johnson, 2007; Rentz et al., 2007). In addition, deployments have been associated with increased marital conflict and domestic violence (McCullough, Fan, Newby, & Ursano, 2008).

Such findings are not surprising given the significant demands that multiple deployments can place on these families. Military families must continually accommodate to the presence and absence of a deployed parent, reorganizing and readjusting to changing roles and routines. They often have fewer resources and decreased social connectedness because of the absence of a parent. Some families will be able to reorganize and adapt to these events relatively smoothly, whereas others may have more difficulty responding when the family’s typical way of functioning is disrupted. For example, when a primary attachment figure leaves, some of a child’s usual resources for dealing with stressful circumstances or emotionally distressing events are no longer available. Children may rely on the nondeployed parent for more comfort than normal during the deployed parent’s absence. However, the nondeployed parent’s own coping abilities may be taxed during deployment, as she assumes the responsibilities of both parents, while also dealing with her own concerns about the deployed parent.

Of particular concern when parents of very young children are deployed is the difficulty a parent may have in establishing a secure, trusting relationship with the child before deployment. In some cases, deployed fathers come home to a child who was born while they were away, and they must figure out how to establish such a relationship for the first time. Maintaining a positive co-parenting relationship may also be challenging when a nondeployed parent has become accustomed to performing all caregiving tasks on his own and then must relinquish some control when the other parent returns. Renegotiating the co-parenting relationships may create considerable marital conflict and strain, and children may be exposed to high levels of negative affect and behavior in the family. Young children may have few internal resources to deal with such exposure and parents may be inclined to underestimate the effects of interparental conflict on young children.

Children in military families may also be impacted when a parent returns with significant levels of combat operational stress. Hoge and colleagues (2004) indicated the rate of combat related mental health problems at 18% among service members returning from Iraq. The secondary impact of posttraumatic stress disorder on veterans’ families has been well documented and includes increased domestic violence, marital distress, and interference with parenting (Galovski & Lyons, 2004). Among children of veterans, there is also the potential for intergenerational transmission of trauma (Dekel & Goldblatt, 2008; Pearrow & Cosgrove, 2009).

The symptoms of posttraumatic stress affect family relationships in a number of ways (Carroll, Rueger, Foy, & Donahoe, 1985; Westerink & Giarratano, 1999). Children may become confused or even frightened when they experience abrupt changes in a parent’s mood or behavior that were related to a trauma reminder. Such changes may be particularly distressing to very young children who do not possess the cognitive abilities to understand their parent’s behavior in the way an older child might. The tendency of returning service members to be highly reactive to threat may translate into difficulty tolerating normal family interactions, such as children arguing or engaging in physical play (Matsakis, 1988). These reactions can undermine parental involvement and may result in withdrawal from family interactions. Lower ratings of cohesion, support, and adaptability are often seen in families of service members with posttraumatic stress (Davidsson & Mellor, 2001; Rigs, Byrne, Weathers, & Litz 1998; Westerink & Giarratano, 1999).
FOCUS for Military Families

Such findings as those described in the previous section can leave little doubt that building and maintaining parental and child resilience among military families is critical. FOCUS training aims to enhance family cohesion and strengthen parent–child, marital, and co-parenting relationships by helping families develop a shared understanding of past experiences and by building emotional regulation, communication, problem-solving, and goal-setting skills across the family (Lester, 2009). Families are also taught how to support the service member in managing deployment and combat stress reminders. Parents learn about typical developmental reactions to deployment in order to promote age-appropriate expectations for children. Such skills and knowledge are intended to not only help families deal with the absence of a deployed parent, but also to assist with the reintegration process once the parent has returned and to better prepare for future deployments.

FOCUS for Early Childhood

Adapted from FOCUS for older children and their families (for description see Lester et al., in press; Saltzman et al., 2008), FOCUS-EC includes developmental modifications for families that include at least one child from 3 to 5 years old (Lester, 2010). Sessions are tailored to the developmental needs of the child and the specific goals of the parents. Goals often include communicating with children around risk and safety, supporting positive parent–child interactions, enhancing family closeness, improving behavioral difficulties, and planning for future challenges. In FOCUS-EC, trainers work with parents to develop strategies to assist the deployed parent in developing a nurturing, trusting relationship with his young child, particularly when he may have been absent for much of the child’s life. For example, parents are taught how to develop a plan for the deployed parent to share in important early developmental milestones and remain involved in parental decision-making during his absence in order to strengthen the co-parenting relationship. Parents are taught skills to foster behavioral and emotional regulation in their child, a major developmental task of early childhood. Parents are also taught how to deal with some of the typical regressions that young children may experience when separated from a parent.

FOCUS-EC is delivered over the course of five to seven sessions. Generally, the trainer first meets with both parents (if both are available) for two sessions, followed by two sessions with the parents and child together, a parent “check-up” session, and finally one or two family sessions. Parent sessions last approximately 90 minutes, whereas parent–child and family sessions last 30–60 minutes, depending on the developmental level of the child. Ideally, both parents are present, but the intervention can be done even if only one parent is available. FOCUS-EC is manualized to ensure that each family is taught the same core skills but allows for flexible delivery to meet the needs of the family.

At the initial session, parents participate in an assessment to identify their family’s strengths and challenges. This assessment provides feedback to the trainer, allowing her to work with the family to provide appropriate educational material, customize the intervention plan, and identify referrals when needed. The FOCUS assessment also guides parents in selecting clear, achievable, and appropriate family-level goals during the initial parent sessions. The parent sessions also focus on helping parents to create a narrative timeline which provides them with an opportunity to identify key family events, including important deployment-related experiences, and perceptions and feelings associated with those experiences. In jointly creating a narrative timeline, parents begin to develop a shared understanding of how historical and current challenges have affected their family. The timeline is organized around key events in the family’s life: getting married, birth of children, moves, and parental absences. It promotes perspective taking and reflective parenting, highlights positive coping strategies, and underscores themes in the family’s journey. The parents construct it together and are asked about the children’s experience from their point of view. Education is integrated into the narrative timeline depending on the specific challenges of the family. For example, if key events are focused on a child’s medical illness, the trainer would educate parents about the ways in which typical child development might be affected by major illness. If the key family events are related to a parent’s deployment during wartime, the education would be focused on how families are affected when a parent is absent during important developmental milestones and how common combat-operational stress reactions can affect family functioning.

The child or parent–child sessions focus on enhancing emotional regulation skills among family members. By educating children and parents about four basic feelings (e.g., mad, happy, sad and scared) and the importance of using feeling words to express emotions, the trainer sets the frame for emotional regulation skills that are used in later sessions. Parents and children learn to identify triggers of emotional reactions and strategies that can help children calm down. The trainer may facilitate child-focused play between parents and children, modeling developmentally appropriate language that the parent may use with their very young child. During these activities, the trainer may highlight developmental tasks the child is attempting to navigate, provide commentary on the child’s behavior and affect, or narrate the child’s experience.
There is a parent check-in session at the midpoint of FOCUS-EC to help the parents review what they have learned and plan for the future. The trainer attempts to elicit parental observations and insights about the child’s behavior and reactions during the previous sessions. The trainer also provides developmentally informed guidance to parents, enabling them to identify strategies to meet their goals and address challenges. For example, explaining that it is normal for a child to desire to sleep in the parents’ bed after a traumatic or stressful event may help parents respond more effectively and supportively to the child. The trainer strives to educate parents while supporting their decision-making and leadership of the family.

Dependng on progress toward the family goals, there may be one or two additional sessions that provide further opportunities to practice emotional regulation, communication, and relationship enhancement skills. During these sessions, the trainer may teach additional strategies, such as child-focused play (i.e., narrating play, following the child’s lead, and increasing praise).

The Potter Family

The following example of how families with very young children can benefit from FOCUS-EC is drawn from the composite experiences of military families.

Jason (35 years old) and Jennifer (32 years old) Potter contacted FOCUS as Jason was preparing for his third deployment. Jennifer was feeling overwhelmed and anxious about how she would parent their two young children, Sara (4 years old) and Charlie (1 year old), during the deployment. Both parents were stressed by Sara’s increasingly frequent tantrums. In addition, Sara had begun having accidents in preschool, despite having previous success at potty-training. Jason was concerned something might be wrong with his daughter. He was also concerned about Jennifer, and worried that she would “lose it” when he deployed the following month.

Jason described feeling irritable and reactive. He recalled an instance when Charlie was crying and he felt angry and annoyed that Jennifer could not calm Charlie down. He noted a similar reaction to Sara’s tantrums, but felt he was able to manage her tantrums by giving her what she wanted. When asked to provide additional details, Jason acknowledged feeling guilty for not being available to Sara during his previous deployments; thus, he did not want his time with her between deployments to be spent setting limits and providing consequences. He discussed wanting every moment to be loving and fun. He became tearful as he described coming off the plane after his last deployment and Sara, then 15 months old, not knowing him.

Jennifer expressed mixed feelings about military life. She expressed concern that she would be unable to manage all of the household responsibilities on her own. She recognized the importance of having the children on a schedule, but was concerned she would not be able to maintain one in the face of becoming “a single mom” for several months. She expressed feeling frustrated at Jason for giving in to Sara’s tantrums, and always making her “the bad guy.” She also admitted to wondering how Jason’s combat experiences had affected him. She feared that Sara and Charlie would sense her concern and that it would affect their relationship with Jason. She expressed guilt that she had not done a good enough job helping Sara to remember her father during the last deployment. Although Jennifer admitted that she and Jason talked about the upcoming deployment, she was angry that he was risking his life once again.

Jennifer and Jason’s goals included increasing positive family interactions and having their family thrive in the face of a pending deployment. Emotional regulation skills were integrated throughout FOCUS sessions, as Jennifer had difficulty managing her own negative affect, which also interfered with her ability to respond to her children’s emotional distress. Specifically, Jennifer learned to monitor her stress levels and identify key supports, such as a drop-in day care center on the installation and a supportive friend, both of which she could engage on high-stress days. Jennifer also identified exercise as a way to take care of herself and was able to attend two classes per week. Education about the impact of deployment on young children, normal child development, parenting, and the relationship between parental distress and children’s behavioral difficulties helped both parents feel engaged by the strategies that were implemented.

In developing their shared narrative time-line, Jennifer and Jason were able to reflect on both their own and each other’s experiences with previous deployments and to understand how differences in those experiences affected their family. Unhelpful thoughts were identified and changed into more realistic and helpful thoughts. For example, instead of viewing himself as a failure because Sara didn’t recognize him at their last reunion, Jason was able to understand that Sara’s reaction was normal and he praised himself for letting her get to know him again.

Jennifer and Jason discussed the ways in which the last month had been challenging, particularly their concerns about how this next deployment would affect their children. They wondered whether Sara’s tantrums would increase, whether she would be able to attend preschool if she continued having accidents, how Charlie would be able to know his father, and what would happen if Jason did not return. They were able to link these fears and concerns to their previous experiences, challenge unhelpful thoughts, and identify a communication plan to talk about the deployment. They agreed to work on one challenge at a time and decided to review the communication plan in a few weeks, after spending time in sessions with Sara.

Jennifer and Jason participated in two sessions with Sara. The trainer introduced emotional awareness and affect regulation skills to help Sara increase her emotional vocabulary, understand how feelings affect her body, and identify what she could do to help her feel more calm, comfortable, and happy. Jennifer and Jason were also encouraged to practice and use these same skills with the children to support emotional expression across the entire family. The trainer reinforced moments when Jennifer and Jason supported each other in family interactions, explaining that when Sara and Charlie experience Jennifer and Jason co-parenting, they feel more secure in the guidance they receive from them. Co-parenting was also introduced as a way of maintaining connection over a distance and keeping Jason salient in his children’s lives.

Sara was able to use feeling faces cut-outs to express how she felt when her father was home and when he was gone. Jennifer and Jason learned skills to help Sara feel understood and supported. Specifically, they learned and practiced active listening and reflection skills. As Sara became more...
comfortable expressing her feelings, she became more verbal and was able to share thoughts and feelings more openly. She asked her father if the bad guys would shoot him with their big guns. With support, Jennifer and Jason were able to validate Sara’s feelings of concern about her father’s safety and reassure her in concrete, developmentally appropriate ways. Jason showed Sara all the equipment that kept him safe. Sara was reassured by trying on her father’s helmet to understand its sturdiness and wearing his shoes to see how thick they were. Jason also reminded Sara of the extensive training he received that taught him how to be safe, and also explained that he had many friends and coworkers who also helped keep him safe. In time, Sara came to feel less afraid of her father leaving.

Because the parents’ goal was to increase positive family interactions, they agreed to learn strategies to enhance enjoyment during playtime. The trainer encouraged Jennifer and Jason to play with Sara. When Sara asked Jennifer to play with the dollhouse, Jennifer invited Jason to join in the play. Jennifer was enthusiastic and easily engaged in imaginary play, while Jason was quiet and only moved his play figure when Sara told him what to do. He admitted feeling silly, but added that he wanted to learn to play more so that he could join in Jennifer and Sara’s playtime. Jennifer and Jason agreed to play together with Sara three times a week.

During a parent check-in session, Jennifer and Jason reported improvement in Sara’s behavior at home. They also reported increased confidence in their parenting and in their ability to communicate with Sara and re-establish consistent routines. It was clear that they were working together as a team and felt mutually supported. They felt even more confident after learning that this kind of family leadership is exactly what Sara and Charlie would benefit from, even when Jason was deployed again. With these improvements, Jennifer and Jason began working on a deployment plan, which included identifying family rules that would be maintained and those which might be more flexible during the next deployment. They discussed a plan for communication during the deployment, including strategies for co-parenting at a distance, maintaining Jason’s connection with Sara and Charlie, and sharing in important developmental milestones and key family events during his absence. Jennifer and Jason agreed on what kind of information they would discuss in emails and phone calls. Jennifer felt that Jason should not hear the details of life at home while he was deployed, explaining that she did not want to distract him from his mission. Jason expressed that, even though he appreciated her concern, withholding such information made him feel disconnected from his family. Upon learning this, Jennifer said that she would start sharing more information during phone calls. Jennifer and Jason discussed how to maintain stable routines at home, such as morning and bedtime routines.

To help maintain their connection at a distance, Jason had Sara help him trace an outline of his hand onto a piece of paper. Sara and Jason colored the drawing together and it up on the wall next to Sara’s bed where, as part of the bedtime routine, Sara and Jennifer would each give Jason a high-five. They also agreed that when reminding the children of the family rules, Jennifer would say things that included Jason, such as, “Your daddy and I agree that you can watch 30 minutes of television after dinner and before bed.” Finally, Jennifer would support phone calls from Jason to Sara, even if they were brief or made Sara sad. Jennifer planned to acknowledge to Sara that it is okay to feel sad when she missed her dad instead of rushing Sara off the phone.

In order to share important developmental milestones and family events with Jason, Jennifer agreed to provide a weekly email update and photos of Charlie and Sara engaged in any new activities. Jennifer also decided to keep a photo album throughout the deployment so that Jason could review all of the activities and events with the family when he returned.

Jason, Jennifer, and Sara returned for one final session. Jennifer and Jason wanted to focus on how to play with Sara to build her confidence and further decrease tantrums. Jennifer and Jason were amazed when they saw how long Sara could remain on one activity when they narrated her play. Both parents became very comfortable praising Sara’s positive behavior, and providing her with frequent and concrete feedback (e.g., “I really like the house you built with those blocks”). They agreed to use these skills during a special playtime each evening, and discussed how they could also use these strategies with Charlie.

Learn More

FOCUS
www.focusproject.org

ZERO TO THREE COMING TOGETHER AROUND MILITARY FAMILIES
www.zerotothree.org/about-us/funded-projects/military-families

NATIONAL MILITARY FAMILY ASSOCIATION
www.militaryfamily.org

NATIONAL CHILD TRAUMATIC STRESS NETWORK: INFORMATION FOR MILITARY FAMILIES
www.nctsn.org/nctsn/nav.do?pid=ctr_top_military

SESAME WORKSHOP TALK LISTEN CONNECT: DEPLOYMENTS, HOMECOMINGS, CHANGES
http://archive.sesameworkshop.org/tlc

By helping parents to engage in and narrate a child’s play, young children can sustain play for longer and express more enjoyment during the interaction.
Overall, the family was strengthened through their work with FOCUS-EC. They benefited from enhanced communication, identification and pursuit of achievable goals, more effective problem solving, and improved emotional regulation. Jennifer and Jason were able to recognize how their own behaviors, thoughts, and feelings affected their children, such as how their own deployment reminders (e.g., Jason remembering how bad it felt when his daughter did not remember him) affected their parenting decisions (e.g., Jason giving into Sara’s tantrums). When they were able to decrease feelings of guilt, they were able to focus on more positive interactions with their children. They were able to reflect on and understand their partner’s perspective and express empathy toward one another. They were better able to reflect on their own internal reactions to the stress of deployment and work together as co-parents and leaders of their family to set the stage for improved family cohesion and support.

**Conclusion**

FOCUS-EC USES TARGETED PREVENTION strategies that are strength-based and family-centered to mitigate the impact of parental stress or traumatic exposures and promote resilience in families with young children. It has been used effectively to enhance skills for families facing many different challenges, including parental medical illness, natural disasters, and military deployments, by providing parents with developmentally informed education; building emotional regulation, communication, problem solving, and goal-setting skills across the family; and providing strategies for managing deployment and traumatic stress reminders. FOCUS-EC is responsive to the developmental needs of younger children and uses strategies such as visual aids and play to engage and educate younger children who may not be able to communicate their feelings and thoughts verbally like older children. FOCUS-EC is a promising practice that warrants further research and exploration regarding application to other high-stress populations.

**References**


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Patricia Lester, MD, is the director for FOCUS, at the UCLA Semel Institute for Neuroscience and Human Behavior, and the medical director of the Child and Family Trauma Psychiatry Service at the David Geffen School of Medicine at UCLA. For the past decade, Dr. Lester’s work has been dedicated to the development, evaluation, and dissemination of family-centered prevention and treatment for families facing the impact of serious medical illness, traumatic events, and parental loss. She co-developed FOCUS and has served as a consultant on the needs of military children and families for the National Child Traumatic Stress Network, United States Marine Corps, ZERO TO THREE Coming Together Around Military Children Advisory Panel, and the Uniformed Services University Center for Traumatic Stress.
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