

Social and Psychological Support for Military Personnel and Their Families in Connection with Military Deployment: A Scoping Review and Thematic Analysis



RESEARCH

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ABSTRACT

This study explored existing literature regarding what social and psychological interventions currently exist for military couples/families in connection to international deployment. A systematic scoping studies review was performed. Peer-reviewed articles were searched in the following ProQuest databases: PsycArticles, Social Services Abstracts, and Sociological Abstracts. Twenty-four articles were identified that met the inclusion criteria. A thematic analysis was then applied. Two main themes were identified by the analysis describing the types of military support interventions, including family-based interventions and couple interventions. The existing literature covering specific interventions for military personnel and their families is limited, especially literature outside of North American military populations. Most current interventions focused on reactive psychological services, primarily during deployment and after the military employee has arrived back from duty and the family already presents symptoms of concern. Further studies are needed to represent the current support methods utilized for military personnel and their families in European contexts. Moreover, additional interventions focused on preventative health care may be a useful complement to currently offered treatment programs for helping military families mentally prepare for the specific stressors relating to military deployment. The current literature can serve as a basis for the identification of future needs in intervention and preventative psychological support for military families.

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Military service members and their families face unique stressors in comparison to civilian families, making them particularly vulnerable for various struggles in family life. Most military service members are expected to serve duty abroad sometime during their military employment and many serve abroad regularly. Research indicates that service members that serve in multiple deployments are at a significantly greater risk for developing mental health problems, including posttraumatic stress disorder (PTSD), in comparison to service members who serve only one deployment (Gewirtz et al., 2019; Xue et al., 2015). This is concerning, considering that military personnel that stay in the military over a longer period of time generally deploy repetitively and many deployments are often extended longer than originally planned (Karney & Crown, 2007). Moreover, stress reactions, such as PTSD, have been found to be a risk factor in military families for intimate partner violence (IPV) and therapy interventions have indicated to have positive impact in lowering this risk (Seo et al., 2014).

Research indicates that that stressors are present for the family during the entire deployment cycle, including before, during, and after (Chandra et al., 2011; Lester & Flake, 2013). Several factors related to deployment have been identified that contribute to family stress levels including repeated family separations, relocations, parental absence, and fears regarding the military personnel's safety (Marek et al., 2013). Specifically, it has been reported that military spouses experience heightened levels of depression, anxiety, stress, and adjustment difficulties in all phases of the deployment (Mansfield et al., 2010; Renshaw et al., 2008). In addition, parenting during and after deployment presents unique stressors for military families and several studies have indicated increased child distress during the deployment cycle (Chartrand et al., 2008; Flake et al. 2009), and an increased risk for child maltreatment in American military contexts (Cozza et al., 2017).

During the deployment cycle, it is often described that there are role changes that occur for the couple. During both the deployment and reintegration phase of the military cycle, families that include two parents, need to shift responsibilities to take on the tasks necessary to fulfill family obligations that the couple generally share. This includes changing roles and shifting expectations for the couple, including aspects relating to the couple's relationship, parenting and household demands and responsibilities with extended family (O'Neal et al., 2018). The couple may be more mentally prepared for the changes that occur before and during the military deployment since many military organizations prepare the couple for their time apart. However, many studies emphasize

the difficulties experienced during the reintegration phase after the military service member is home from deployment and the individual must find his/her role back in the family system (Lester & Flake, 2013). Pincus et al. (2001) described the service member assumes the role as "the leaver," and the family members are those that are "left behind." However, during the reintegration phase, the service member's role changes and suddenly they become the "newcomer" to the newly established family unit, which has reached a level of equilibrium while the military service member was away. This process often includes elements of stress and readjustment to include the "new member," which includes a new shifting of roles and expectations (Pincus et al., 2001). This can be an unexpected experience for both partners since they have often both longed for the reuniting of the missing family member during deployment (Lester & Flake, 2013). In addition, more recent research indicates that reintegration is generally considered a dual process for couples, including elements of reintegration that occur within the individual and elements that occur within the family system as a whole, which must be seen in light of both processes and from the individuals' unique perspectives (O'Neal et al., 2018).

A few of the common reintegration challenges for couples include renegotiating home routines and responsibilities, emotional and physical intimacy, and concerns about future deployments (Chandra et al., 2011). Moreover, research has indicated that the psychological health of children in military families are impacted by both parents' ability to healthily adjust during the reintegration phase; of relevance is parental conflict levels (O'Neal & Mancini, 2021).

Military families today face a multitude of unique stressors specific to the demands of the organization, including multiple combat deployments and longer deployment times, which places challenges for deployment and reintegration for families to adjust for. Research has identified a growing need for more science based support to military service members and their families to meet these challenges (MacDermid et al., 2011; MacDermid et al., 2013). Therefore, this study aims to explore the existing literature regarding what social and psychological interventions currently exist for military couples/families in connection to international deployment. A scoping literature review was used to gain a broad overview of the literature that exists. A thematic analysis of the literature was performed to summarize the existent interventions currently being used, examine their perceived effectiveness for social and psychological support for military families, and identify knowledge gaps within the literature for future research.

METHOD

A systematic scoping studies review (Arksey & O'Malley, 2005; Levac et al., 2010; Mays et al., 2005) was performed to explore and synthesize findings from the current literature. This included empirical studies using qualitative, quantitative studies, and literature review methods. A scoping studies review is relevant when a specific area is not yet fully explored or when the data is overly complex or heterogeneous in nature, which limits the ability of a traditional systematic review. Unlike a systematic literature review, a scoping review provides an overview of the current research activity instead of evaluating the research quality (Arksey & O'Malley, 2005; Peters & Khalil, 2015). The main purpose of this study was to explore the existent literature regarding current interventions for social and psychological support for military families; therefore, a scoping review method was deemed fitting for the study aim. The systematic scoping review included three main steps, as advised by Levac et al. (2010):

- Form relevant research questions to guide the review.
- Literature identification: Data base search to identify relevant candidate articles.
- Literature selection: Review process and selection of literature based on inclusion/exclusion criteria.

Subsequently, a thematic analysis of the scoping review findings was performed to organize data into relevant themes and subthemes relating to the research question(s), as advised by Mays et al. (2005).

The following questions guided the focus of the review: (a) What relevant studies can be identified based on inclusion/exclusion criteria? (b) What findings are reported on the interventions used? Open and broad questions guided the study so that we could include as many studies as possible, given that the focus on social and psychological interventions for military couples/families is a less common area for intervention studies in the military context in comparison to other common focuses, such as stress and PTSD interventions.

SEARCH STRATEGY AND PRELIMINARY RESULTS

Our search included the following search words, used alone or combined: “military deployment”, “couple support”, and/or “intervention.” The literature review was performed in the following ProQuest databases: PsychArticles, PubMed, Social Services Abstracts, and Sociological Abstracts in November 2022 at the Swedish Defence University in Karlstad, Sweden. The search was limited to peer-reviewed articles, written in English between 2000 and forward. In addition, the strategy also included a

scanning of the reference lists in the studies selected from the electronic search for identification of relevant articles.

The electronic database searches using the search words resulted in 846 records, including 409 in the psychology databases (340 in PsycArticles and 69 in PubMed), and 437 in the sociology databases (124 in the Social Services Abstracts and 313 in Sociological Abstracts). After the removal of duplicates 288 articles remained.

REVIEW PROCESS AND SELECTION OF LITERATURE

The review process included two phases. The initial review included reviewing the titles and abstracts of the candidate articles for possible inclusion. The second phase included reviewing the full texts of the articles that advanced the initial title and abstract screening phase.

Inclusion:

- Data sources focused on interventions related to family mental health and deployment.
- Data sources with a representative military and/or veteran sample

Exclusion:

- Data sources identified that were not primarily about a specific intervention.
- Data sources that did not include veterans that had previously been deployed.
- Non-military populations (first responders, etc.)
- Interventions that were implemented to primarily reduce PTSD symptoms of the military veteran only and did not have a broader implication for the couple and/or family.
- Sources related to the health of only the veteran (excluding partner and/or family)
- Data sources that were not in English

An initial review of the 288 article titles and abstracts were performed, which resulted in an exclusion of 268, resulting in 20 articles. An additional overview of the reference lists of the 20 articles resulted in 4 additional articles. Thus, the final data selection included 24 international peer-reviewed articles for the thematic analysis. The selected articles included 23 empirical articles and 1 literature review. The empirical studies all used quantitative methods. All steps in the selection process, and the appraisal and data extraction, were performed by the main author to maintain a consistent evaluation. Any forthcoming uncertainties were discussed by the research team until a consensus was reached.

THEMATIC ANALYSIS

A thematic analysis of the extracted findings was performed to gain a narrative review and to organize and summarize similar descriptive study characteristics, as proposed by Mays et al. (2005) for the use in systematic reviews. A hierarchical pattern of main themes and subthemes was used to organize and present the data and is presented in Table 1 (below).

ETHICAL CONSIDERATIONS

All ethical guidelines were followed according to the current rules and guidelines in Sweden, where the study was conducted. Ethical vetting was not required in

the current study since the data collection or analysis (literature review) did not involve empirical research on humans or sensitive personal data as mandated by the ethical committee in Sweden (Swedish Research Council, 2017).

RESULTS

The thematic analysis resulted in two main themes, which included three respective subthemes. See Table 1 (below) for an overview and more detailed descriptions of the identified themes.

MAIN THEMES	SUBTHEMES	DESCRIPTIONS OF INTERVENTION	STUDY DETAILS
Parenting intervention/ support	Pre-deployment intervention	Families Over-Coming Under Stress (FOCUS) developed by a UCLA-Harvard team. Includes an eight session family-centered intervention for families facing the impact of wartime deployments.	Beardslee et al. (2011) Lester et al. (2016)
	Pre, during, & post-deployment mobile app support	Mobile app interventions for military and veteran families: Before, during and after deployment, including: Babies on the Homefront, The Big Moving Adventure, Sandboxx, Parenting 2GO, PTSD Coach, and PTSD Family Coach. These apps are relevant for addressing difficulties in all phases of the military cycle.	Nolan et al. (2019) Kuhn et al. (2017)
	Post-deployment parenting intervention	Parent Management Training-Oregon model (PMTO) After deployment: ADAPT, Adaptive Parenting Tools (2 articles) Strong Families Strong Forces Parenting Program	Chesmore et al. (2018) Gerwartz et al. (2014) Gerwartz et al. (2018) Zhang et al. (2018) DeVoe et al. (2017)
Couple support	Pre-deployment intervention	PREP for Strong Bonds (Prevention and Relationship Education Program)	Stanley et al. (2010) Allen et al. (2011) Allen et al. (2015) Stanley et al. (2014)
		Homefront Strong (HFS) Preventative support program for military partners (offered virtual and on-base) Associated with reduced levels of anxiety and stress in homelife.	Kees & Rosenblum (2015)
		Strength at Home (SAH-C) A 10 session cognitive-behavioral couples based group intervention designed to prevent conflict and violence in military couples	Taft et al. (2016)
	Post deployment intervention	Couple CARE in Uniform (military adaption)	Bakhurst et al. (2017) Halford & Bakhurst (2013)
		Expressive writing intervention for military couples	Baddeley et al. (2011) Sayer et al. (2015)
		The comprehensive soldier Fitness Program: Family skills. The intervention is based on Gottman's book, <i>The seven principles for making marriage work</i> . Structured Approach Therapy (SAT), Couples based treatment for PTSD in veterans. Focuses on empathic communication and dyadic coping skills.	Gottman et al. (2011) Sautter et al. (2011) Sautter et al. (2015) Sautter et al. (2016)

Table 1 Identified Themes, Subthemes, and Descriptions of Interventions for Family-Based Support for Military Families.

PARENTING SUPPORT

Pre-Deployment Parenting Intervention

One family-centered intervention was identified for preventative parenting support, Families Over-Coming Under Stress (FOCUS). This intervention was developed by a UCLA-Harvard team and included eight sessions preparing military parents and children for the challenges facing wartime deployments. Individual Family Resiliency Training (IFRT) was the main concept in the FOCUS intervention, which included a family assessment completed online with real-time feedback immediately available to the intervention provider. During the initial phase of the intervention, the resiliency trainer (interventionist) provided family members with psychological education about the impact of combat operational stress and deployment. Thereafter, sessions focused on relevant aspects specific to the deployment cycle, including communication, problem solving, managing emotions, and managing deployment challenges.

Two studies were identified that examined the effectiveness of this intervention. The first was a demonstration study funded by the United States Bureau of Navy Medicine and Surgery (BUMED) starting in 2008 with seven locations and continued until 2010 with 14 locations (Beardslee et al., 2011). The study results indicated that it was possible to offer the intervention consistently and effectively. Further, an initial implementation results completed with a subgroup of 488 families (742 parents and 873 children) indicated significant reductions in child emotional and behavioral distress. The second study included a secondary analysis of data from an implementation study of the FOCUS intervention collected between July 2008 and December 2013 at 15 military locations in the United States and Japan (Lester et al., 2016). The results indicated overall improvement in psychological health outcomes in military parents (including both the service members and civilian parents), including reduced parental anxiety and depression symptoms. In addition, the study indicated improvement in emotional and behavioral symptoms for the children. Longitudinal program evaluation data for the intervention indicated sustained trajectories of improvements for the children, civilian and active-duty military parents.

Pre, During, and Post-Deployment Mobile App Support

A review provided by Nolan (2019) provided a summary of several available apps for military personnel and their families to use during and after deployment. *Sandboxx* is a mobile application, which was developed by a team of military personnel and their families that provides military families a social and supportive communication platform

to stay connected during deployment. *Sandboxx* also uses a news feed with relevant news, articles, and information for the military community. *Parenting2Go* and *PTSD Family Coach*, offer support handling challenges while the military parent reintegrates back into the family system. This focuses on assisting the transition into roles and responsibilities associated with family life, such as parenting, handling strong emotions relating to stress, and relaxation exercises. Most of the current mobile interventions have not yet been evaluated for effectiveness in the current literature. One identified study performed a randomized controlled trial evaluating the effectiveness of *PTSD Family Coach* used by individuals compared to those on a waitlist (receiving no intervention). The study indicated that individuals exposed to a traumatic event who received the *PTSD Family Coach* intervention reported significantly fewer PTSD symptoms than individuals included in the waitlist control group (Kuhn et al., 2017).

Post-Deployment Parenting Interventions

The Parent Management Training- Oregon Model (PMTO) has been adapted for several contexts in different countries (e.g., USA, Canada, Norway, Iceland, Denmark, The Netherlands, Mexico, and Uganda). The intervention was first introduced in the 1960s (e.g. Patterson & Brodsky, 1966) and has recently been rebranded as Generation PMTO in civilian contexts (Sigmarssdóttir et al., 2019). The intervention emphasized reducing abrasive interactions within families and teaching positive parenting practices, including boundary setting, monitoring/supervision, problem solving, and positive involvement. Several reviews of the intervention can be found regarding the effectiveness in civilian contexts (Dishion et al., 2016; Forgatch & Gewirtz, 2017; Forgatch & Kjøbli, 2016).

There is also an adapted version of the original PMTO, referred to as the After Deployment, Adaptive Parenting Tools (ADAPT). This version addressed the emotion regulatory difficulties related to posttraumatic distress, which is relevant for military families with a service-member returning from war back into the family dynamic (Brockman et al., 2016; Gewirtz et al., 2014). Specifically, elements of mindfulness and emotional awareness were included in the military version with the aim to improve parents' emotion regulation skills and their capacity to improve interaction patterns with the children. It was originally designed as a group intervention; however, alternative intervention formats have been developed, including an online version.

Thus far the intervention studies regarding the programs have indicated positive results regarding effectiveness for a variety of mental health problems post-deployment. Gewirtz et al. (2014) found that parents who used the

ADAPT program indicating improved parent empowerment and emotion regulation, which related to reduction in mothers' and fathers' suicidal ideation 12 months post-baseline.

A 14-week intervention study including 336 Minnesota National Guard and Reserve Families (294 fathers and 313 mothers) with at least one deployed parent with a child aged 4–12 (Zhang et al., 2018). Families were randomly assigned into either ADAPT or a control group and the results of the parental emotion socialization was reported post-intervention (6-months post baseline). Results indicated that mothers who were assigned to the intervention indicated significant improvement in emotion regulation ability at post-intervention compared to the control group. Mothers with higher levels of experiential avoidance assigned to the intervention group had higher levels of supportive emotion socialization at post-intervention. However, no significant intervention effects were found in fathers.

In another study analyzing the same data further, the results indicated that the intervention was less effective for fathers who met the criteria for PTSD (Chesmore et al., 2018). The online version indicated medium effects for parent and child adjustment at posttest; again, indicating a better benefit for mothers than fathers. The study provided further support for the positive effects of the ADAPT program on maternal mental health, with sustained effects 6-months post-treatment. Another data analysis extension examined the same sample 1-year post intervention to evaluate the effectiveness. The results indicated that the families randomized to the ADAPT intervention showed significantly improved observed parenting compared to those in the comparison group one year after the intervention. In addition, parenting skills used after the intervention was associated with significant improvements in child adjustment (Gerwitz et al., 2018).

The Strong Families Strong Forces Parenting Program was designed to support attentive caregiving by teaching parents improved reflective ability in relation to their children during the deployment cycle (DeVoe et al., 2017). It includes an eight-module program aimed at reducing levels of military family stressors, including parental stress, and parental mental health concerns. Using a home-based modality version, DeVoe et al. (2017) performed randomized control trial (RCT) to test the effectiveness of Strong Families Strong Forces with service members, their partners, and their children. All participants performed a baseline test and were assessed again 3 and 6-months post-baseline. The study results indicated that service member parents in the Strong Families Strong Forces intervention group showed improvement in their parenting ability and reduction in mental health distress relative to

those in the waitlist comparison group. Specifically, service members with more posttraumatic stress symptoms prior to the intervention reported higher levels of perceived parental efficacy after the intervention. The results also indicated that those in the intervention group reported greater reflectiveness of their parenting behavior, increased curiosity, and interest in their children in comparison to the wait-list group.

COUPLES SUPPORT

Pre-Deployment Interventions

PREP is a psychoeducational workshop developed to teach couples communication skills to prevent problems or improve relationship functioning. PREP for Strong Bonds is an adapted form of the original PREP for use for military branches. It has been used in the US military since 1991 and generally provided by military chaplains (Allen et al., 2017). The content was modified for use in the military, including the addition of modules on deployment and separation (Bakhurst et al., 2017).

The effectiveness of the program has been tested several times through a large-scale randomized clinical trial that started in 2007 with varied results. Couples who used the intervention improved their communication skills in comparison to control group couples directly after the intervention; however, initial findings indicated that the effects were not sustained over time at follow-up assessments (Allen et al., 2011). However, other studies have indicated that couples who received the intervention were significantly less likely to have divorced at -post intervention follow-up assessments (Allen, et al., 2015; Stanley et al., 2010; Stanley et al., 2014). In addition, effects from the intervention were reported as being stronger for minorities (Allen et al., 2015).

Homefront Strong (HFS) is a preventative support program for military partners offered digitally and on-base (Kees & Rosenblum, 2015). The program was developed by Kees (2015) and implements strategies derived from cognitive behavioral therapy, positive psychology, and dialectical behavior therapy. HFS uses six core modules, including (a) self-care, (b) building a community, (c) managing stress, (d) allowing emotions, (e) cognitive strategies, and (f) cultivating optimism. The intervention focused on challenges that military spouses typically face, including managing deployment-related transitions and balancing civilian/military life. A pilot study was conducted to see if the program was suitable for use as an effective treatment for military spouses suffering from depression and anxiety, while partners were away. The sample size was small, including 10 female participants, of which only 10 completed the post-assessment follow-up. The results indicated that the participants that completed

the program reported significant reduction of symptoms of anxiety and perceived levels of stress after program completion in comparison to the base-line test taken before the intervention. However, depression symptoms did not decrease. The post-assessment was conducted within 1–2 weeks after the end of the intervention. Future program effectiveness testing in a larger sample, including broader demographics and use longitudinal follow-up of the intervention is needed.

The Strength at Home Couples (SAH-C) is an intervention that was also identified for use for couples in the military in relation to deployment (Taft et al., 2016), although it is not as well established as many of the other interventions. This includes a couple's-based intervention with 10-sessions of cognitive-behavioral therapy designed to reduce conflict levels in an attempt to reduce intimate partner violence (IPV) in military couples. A RCT was conducted evaluate the effectiveness of the Strength at Home Couples intervention in comparison to another treatment intervention and the results provided support for the efficacy of Strength at Home Couples in reducing conflict levels, reducing psychological IPV and preventing physical IPV (Taft et al., 2016).

CouplesCAREinUniform, is a couples intervention adapted for the military context based on the intervention Couples CARE, created for civilian use (Halford & Bakhurst, 2013). Couples CARE in Uniform address several concerns that have been identified as challenging in military relationships while the couple is separated: how to communicate while apart, maintaining emotional connection, and manage the transition after homecoming. The goal of the intervention is to promote couples to problem-solve emotional and practical challenges proactively by raising their awareness of typical of concerns. Couple CARE in Uniform was tested in a pilot study against an active control (using another intervention) in an Australian military population, consisting of 22 couples. Both groups reported improvement in relationship satisfaction and communication ability, with no significant difference between the two interventions. However, Couple CARE in Uniform had significantly higher participant satisfaction rates by the couples than the comparison intervention (Bakhurst et al., 2017).

Post-Deployment Intervention

Expressive writing is used as an intervention that includes brief writing exercises as a way for individuals to validate their emotional experiences regularly and to gain an improved understanding of their thoughts and feelings (Pennebaker & Beall, 1986). The intervention generally includes writing about daily emotional experiences systematically for a given amount of time per day/week (Pennebaker & Beall, 1986). The intervention has had mixed reviews regarding

effectiveness. Some studies have indicated that it is a useful intervention for improving individuals' mental health concerns in comparison to those that did not use the intervention or in comparison to individuals that wrote about other topics not relating to their emotions (e.g., Frattaroli, 2006). Sloan et al. (2012) demonstrated that it is an effective intervention for PTSD after survival of a tragic accident. Specifically, expressive writing has demonstrated to be most effective when individuals systematically write about the same trauma over repeated sessions, which is consistent with effectiveness found in exposure-based treatments (Sloan et al., 2005). On the contrary, a recent meta-analysis indicated that brief expressive writing interventions did not significantly decrease depressive symptoms in civilian adults with varying degrees of psychological stress and depression related problems over time (Reinhold et al. 2018). However, individuals with PTSD or PTSD symptoms were not included in the meta-analysis.

Regarding military contexts, Baddeley and Pennebaker (2011) tested the effectiveness of a brief expressive writing intervention on the marital adjustment of 102 military couples after deployment in a RCT. Participants completed a baseline measurement on their marital satisfaction before deployment and 1 and 6-months after deployment, respectively. Soldiers and their partners were randomly assigned to write about either their relationship or another factual topic (not related to the couple's relationship) systematically 3 times a day. The results indicated that marital satisfaction was reported higher for couples when soldiers regularly engaged in the expressive writing intervention writing about the relationship, particularly if the soldier had previously experienced high combat exposure. No significant results were found between the two groups relating to spouse's marital satisfaction.

Sayer et al. (2015) also tested the expressive writing technique in a military context and found that the use of a brief, accessible online expressive writing intervention focused on experienced emotion was found to reduce military veterans' physical complaints, anger, and distress compared with veterans who used a writing intervention focused on factual content. In addition, the results indicated that the use of expressive writing improved veterans' levels of distress and PTSD symptoms.

The Comprehensive Soldier Fitness Program: Family Skills (Gottman et al., 2011) is an intervention including structured reading and social skills training exercises based on Gottman and Silver's (1999) book *The Seven Principles for Making Marriage Work*. A pilot program tested the effectiveness of the intervention with a small group of soldiers and their partners, and the results indicated improved perceived relationship quality by both the soldier and their partner. The study recommended that

the family skills training can be used as a complementary intervention in conjunction within the family component of the Comprehensive Soldier Fitness program, already in use for many of the U.S. military branches for resilience building in families. The intervention can be used in person with families or as an online interactive technology intervention.

Structured Approach Therapy (SAT) is a couples-based treatment for PTSD in veterans and consists of a 12-session structured PTSD treatment called structured approach therapy (SAT). This intervention focuses on empathic communication and dyadic coping skills. Effectiveness of this intervention has indicated in several studies to be an effective way to treat couples, where the military partner is exhibiting symptoms related to PTSD (Sautter et al. 2011; Sautter et al. 2015; Sautter et al. 2016). A RCT testing the interventions effectiveness indicated that the SAT intervention group (including 29 veterans with combat-related PTSD) showed significantly greater reductions in PTSD symptoms in comparison to a group of 28 veterans that participated in 12-session PTSD family education intervention. Another study indicated that changes in handling emotion played a significant role in the reduction of PTSD symptoms in veterans who had received SAT. Veterans that participated in the SAT intervention group showed significant improvements in comparison to individuals that participated in the PTSD family education in emotion regulation problems and fear of intense emotions (Sautter et al. 2015). These improvements may consequently have a positive effect on the couple's relationship and family life. The next step is to test the effectiveness in a larger military sample.

DISCUSSION

The majority of our findings pertained to parenting support and support for couples, with a focus on communication and reintegration. In the initial search, many of the interventions were primarily in response to PTSD symptoms. There appears to be a lack of interventions for other problems, such as those pertaining to general stress regarding life changes that occur in a short period of time for military families. This is applicable for the entire military mission, including the preparation phase, deployment, and reintegration, which include several psychological and physical preparations for maintaining the complexities of family life. These life changes include several roll changes, new family boundaries to negotiate, and adjustments for the whole family. This includes the spouse left with the main responsibility of the family demands while the partner is away, often while working a paid job outside of

the home. These additional demands may increase the risks for accumulated stress conditions including burn-out.

An important aspect relating to family intervention/support is to assist during the family transitions phases, when the military member leaves and returns from deployment. This is especially important in the case for families with young children, which may represent family units with additional vulnerabilities due to the increased responsibilities involved. Specifically, interventions helping families keep consistent routines for children during times of changes and helping children keep connected to the absent parent may help to prevent disruption in the parental bond (Osofsky & Chartrand, 2013).

This scoping review highlights that, thus far, there are few evidence-based parenting programs available for support through the various cycles of deployment for military families. In addition, the majority of the studies reported results from the parents' perspectives. Future research giving the child's unique perspective during the deployment and transitions phases will be particularly relevant for understanding how to maintain and/or improve the parental bond during leaves of absences and transition phases. These stress and reintegration difficulties may be particularly useful for broadening the specific interventions focusing on family well-being before, during, and after military mission.

A few noteworthy findings regarding the available literature should be discussed. First, the literature on psychological and sociological aspects of support and intervention for military couples related to service abroad is primarily based on an American military family viewpoint. There is a striking lack of representation in the literature of countries outside of the US, thus leaving knowledge gaps of how military families function in other countries and what interventions may be necessary given contextual differences. For example, in many European countries, military families are not as fully integrated in the military family lifestyle as many military families are in the US, such as living on a military base and with military support networks available. Moreover, due to the lack of studies of interventions in various European countries, the validity of the identified intervention results being generalizable in other countries are questionable.

Secondly, most of the available literature is based on a normative viewpoint of traditional family structures. There is very little research investigating intervention effectiveness relating to nontraditional family structures such as the families of female veterans, dual-career families, and single-parent service members (McFarlane, 2009). In addition, there appears to be a knowledge gap regarding the specific challenges faced by nontraditional military families.

The majority of the identified studies were based on family and couple interventions. This is presumed to be based on standard care treatment for military families from a North American viewpoint, which appears to take a family systems approach to prevention and treatment of mental health concerns. This may be a somewhat different approach in the standard care of treatment for many military veterans that may seek help in some European countries, such as Sweden for example, which often applies a more individual approach for mental health care treatment and assessment. These dynamic differences should be noted for the sake of intervention and prevention planning. However, by complementing many of these individualized treatment options with family interventions, the well-being of the veteran's family unit may improve. A family perspective may be able to capture multiple relationships in a dynamic way (including parent-child relationships and couple dynamics) in addition to examining aspects that contribute to the well-being of the family system as a whole (i.e., family cohesion and family climate). These aspects are interpreted to provide insight on the family reintegration process (O'Neal & Mancini, 2021).

SUGGESTIONS FOR FUTURE RESEARCH

Our main contribution is the identification and reporting of the existent empirical studies providing insights into the current interventions and support that are offered in military contexts for families with a military employee serving abroad. In addition, research gaps are identified for areas for future research. As this review demonstrates, few studies focus on the specific interventions and support offered in European contexts. This leaves questions including: Does the support offered in Europe differ than the support currently offered for American military couples? Should the support in European military include other contextually important aspects that are not covered in the current interventions used in American military contexts?

Secondly, current findings pointed out a lack of research evaluative preventative care interventions. Future development of interventions should include the identification of families/couples that may be more at risk for difficulty with stress relating to deployment and support offered for preventative care interventions. Previous research has indicated that this may include: (a) families with lower incomes, which may contribute to economic stress (McCoy et al., 2021); (b) couples that have increased conflict levels before deployment; (c) individuals that may have been exposed to several risk factors in their childhood (see ACE studies; Felitti et al., 1998 Laird et al., 2019); and (d) those that may not know where to get support if it should be needed (Allen et al., 2011).

Last, it should be noted that most of the research were performed before the Coronavirus pandemic. New knowledge gained during the pandemic, such as technology advancement for easier support or identification of the need of necessary adaptations for family support, should be included in future research. In addition, what type of specific challenges have arisen in respect to interventions and family support during and after the pandemic? The use of mobile app interventions was already on the rise before the pandemic but have increased or sustained in popularity during the peak of pandemic and after (Nolan, 2019). The rise in popularity in mobile app support also warrants a stronger need to focus research on the effectiveness of the mobile interventions available. Although the literature review over the current military app interventions is useful for awareness of availability, many of the mobile apps on the market cannot be considered evidence based since there are a lack of studies evaluating their effectiveness (Lui et al., 2017). Nolan (2019) recommended future studies measuring effectiveness of support applications to include outcome measures that track symptomology to evaluate their effectiveness before, during, and after the intervention. By doing so, a better understanding may be gained of their uses and limitation, which may increase clinicians' likelihood to incorporate their usage in their practice as a supplement, track the outcomes and contribute to a research base regarding their usage.

METHODOLOGICAL ASPECTS

Although the intention of the review was to scope the available research in current interventions available for military families related to deployment, the review provided an expansive overview but may lack depth of full details that a full systematic review may offer. Another limitation is that it is highly probable that not all interventions that are used in military contexts are covered in the current review, which is assumed to partially be due to the lack of reporting and research on all the interventions that are regularly used to support military families. This limits the ability to make interventions that are not researched upon harder to become widely available in the international community. Another weakness is related to the literature search. It was performed in a limited number of databases considered more relevant, given the study aim. It is possible that not all relevant studies were identified. We have been detailed in our methods and analysis process, allowing for improvements for future research. Despite these limitations, this review was carried out in a methodical way, by employing rigor and transparency in all processes to offer reliable results (Arksey & O'Malley, 2005; Levac et al., 2010; Pham et al., 2014).

PRACTICAL IMPLICATIONS

Our literature review can serve as a basis for identification of future needs in intervention and preventative psychological support for military families. The identified interventions can also serve as a synopsis over the current interventions used in military contexts for guidance for intervention selection in clinical settings.

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The authors have no competing interests to declare.

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