Military Children and Families

Strengths and Challenges During Peace and War

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Throughout history, military children and families have shown great capacity for adaptation and resilience. However, in recent years, unprecedented lengthy and multiple combat deployments of service members have posed multiple challenges for U.S. military children and families. Despite needs to better understand the impact of deployment on military children and families and to provide proper support for them, rigorous research is lacking. Programs exist that are intended to help, but their effectiveness is largely unknown. They need to be better coordinated and delivered at the level of individuals, families, and communities. Research and programs need to take a comprehensive approach that is strengths based and problem focused. Programs for military children and families often focus on the prevention or reduction of problems. It is just as important to recognize their assets and to promote them. This article reviews existing research on military children and families, with attention to their strengths as well as their challenges. Issues in need of further research are identified, especially research into programs that assist military children and families. Military children and families deserve greater attention from psychology.

Keywords: military children, military families, strengths, challenges, strengths-based approaches

The gathering of military men should be thanking their children, their fine and resourceful children, who were strangers in every school they entered, thanking them for their extraordinary service to their country, for the sacrifices they made over and over again . . . Military brats . . . [spend] their entire youth in service to this country and no one even [knows]. (Conroy, 1991, p. xxv)

A common saying in the military is that when one person joins, the whole family serves. Military families may often be in the background of public discourse on the military, but they are critical to its success. Although aspects of military life can be difficult for families, positive family functioning boosts a service member's morale, retention, and ability to carry out missions (Shinseki, 2003). According to a recent report, service members reported positive family relationships as a source of resilience and problems at home as a source of stress and interference (Mental Health Advisory Team 6, 2009). Any efforts to build a strong, effective, and sustainable military force must also consider military families, improving the relationships of the soldier with his or her family members and strengthening the family itself (cf. Gottman, Gottman, & Atkins, 2011).

Since the start of the Global War on Terror, military children and families have faced multiple tests associated with unprecedented lengthy and multiple deployments; shorter stays at home between deployments; and greater risks of death, injury, and psychological problems among service members. Although many military children and families rise to the occasion and do well (Wiens & Boss, 2006), these challenges can take a toll on their health and well-being (Chandra, Burns, Tanielian, Jaycox, & Scott, 2008; Flake, Davis, Johnson, & Middleton, 2009). Despite urgent needs to better understand the impact of deployment on military children and families and to provide appropriate support for them, there is a dearth of research. Programs and interventions exist, but definitive conclusions about what really works are by and large lacking.
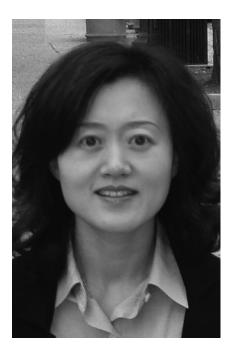
Programs that try to assist military children and families often focus only on the prevention or reduction of problems. As important as it is to address problems, it is just as important to recognize the strengths and assets of military children and families and to promote and bolster them. A full and accurate picture of military children and families is needed upon which to base interventions. One of the best ways to prevent or solve problems is to identify what goes well and to use this as the basis of intervention (Park, 2004, 2009; Park & Peterson, 2008; Park, Peterson, & Brunwasser, 2009; Peterson & Park, 2003).

Over the years, studies of military children and families by psychologists have been isolated from and neglected by mainstream psychology. Most studies are done by researchers who are present or former members of the military or immediate members of military families. Studies are too rarely published in the mainstream psychology journals. This state of affairs needs to change to meet the surging needs of military children and families.

This article describes what is known about military children and families: their demographics, their challenges, and their strengths, during both peace and war times. Also

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addressed are issues and gaps in the existing research and practice. The thesis is that greater attention to the strengths and assets of military children and families is needed in order to design and implement effective programs to support them. This approach echoes the premise of the U.S. Army Comprehensive Soldier Fitness (CSF) program described elsewhere in this special issue (Cornum, Matthews, & Seligman, 2011). The fitness of soldiers extends beyond mere physical prowess to include psychosocial well-being, a key component of which is the well-being of their families (Peterson, Park, & Castro, 2011; Rohall, Segal, & Segal, 1999). Currently, collaborative efforts between psychologists and the U.S. Army are extending the CSF program to family members.

The Changing Demographics of the Modern U.S. Military Family

In the United States today, there are several million men and women wearing the uniform of the country's military. In broad terms, this is a young (50% below age 25) and male (85%) population, with individuals from rural, less affluent, and ethnic minority (African American and Latino/a) backgrounds overrepresented (U.S. Department of Defense, Defense Manpower Data Center, 2008). Almost all have a high school degree or equivalent, and 70% have at least some college credits. About half of them are married, with about 10% of the armed forces in dual-career marriages (i.e., married to another member of the military).

In contrast to the U.S. population as a whole, members of the military tend to marry earlier, a fact that researchers need to take into account in comparing military and civilian families because marriage at a younger age can be associated with more problems than marriage at an older age (Amato, Booth, Johnson, & Rogers, 2007). Among married

individuals in the armed forces, more than 70% have one or more children, and there are at least 1.85 million children with one or both parents in the military (65% active duty and 35% Reserves or National Guard; Chandra et al., 2008; Segal & Segal, 2004).

Research on military families as well as formal programs to support them often uses a narrow definition of what a *family* entails: mother and father—one of whom wears a uniform—and their biological children. The so-called nuclear family is not the only type that exists, especially in the contemporary United States. Single-parent families have increased in recent decades, as well as blended families and intergenerational families. With the increase of women in the military, dual-career military families have increased (Segal & Segal, 2004). Each type of family has unique difficulties and assets.

In this article, the phrase *military children and families* is used to refer broadly to all individuals who are connected to a military family—traditional and nontraditional families, extended and binuclear families, spouses and significant others, sons and daughters, stepsons and stepdaughters, brothers and sisters, parents and grandparents, and so on. The focus is on military-connected children, but the functioning of all family members bears on the well-being of these children.

Strengths and Challenges Among Military Children and Families

Military life presents both challenges and opportunities to grow for children and families (Hall, 2008). To provide effective services for military children and families, we need a better understanding of these challenges and strengths framed in terms of the culture and function of the military during peace and during war.

During Peace

Even during peaceful times, military children and families face recurrent separations, frequent and often sudden moves, difficult reunions, long and often unpredictable duty hours, and the threat of injury or death of the military service member during routine training and peaceful missions (Black, 1993). On average, active duty military families move every two to three years within the United States or overseas (Croan, Levine, & Blankinship, 1992). Secondary school-age students move three times more often than their civilian counterparts do (Shinseki, 2003). These frequent relocations disrupt children's schoolwork, activities, and social networks, requiring ongoing adjustment to new schools and cultures. Children can grow up feeling rootless and may have difficulties building deeper relationships or maintaining long-term commitments (Wertsch, 1991). Especially during adolescence, interruption of peer relationships can be detrimental to a child's psychosocial development (Shaw, 1979). Also, separation from a parent because of military assignments can have negative impacts on a child's school performance and mental health (Jensen, Grogan, Xenakis, & Bain, 1989). Due to different school and state requirements for course credits and course mate-

rials, frequent moves pose additional challenges for academic achievement and graduation by transferring students. These problems are especially pronounced for students with special needs (Hall, 2008).

Nevertheless, the available evidence suggests that military children typically function as well as or even better than civilian children on most indices of health, well-being, and academic achievement. They have similar or lower rates of childhood psychopathology, lower rates of juvenile delinquency, lower likelihood of alcohol or drug abuse, better grades, and higher median IQs than do their civilian counterparts (Jensen, Xenakis, Wolf, & Bain, 1991; Kenny, 1967; Morrison, 1981). According to a large-scale survey of military adolescents (Jeffreys & Leitzel, 2000), military children are in general healthy, have good peer relationships, are engaged in school and community, do well at school, and are satisfied with life. On average, military children report high optimism and positive self-images (Watanabe, 1985).

Compared with civilian children, military children have greater respect for authority and are more tolerant, resourceful, adaptable, responsible, and welcoming of challenges, and they have a greater likelihood of knowing and befriending someone who is "different" (Hall, 2008); they engage in fewer risky behaviors (Hutchinson, 2006); they exhibit greater self-control (Watanabe, 1985); and they show lower levels of impatience, aggression, and disobedience and higher levels of competitiveness (Manning, Balson, & Xenakis, 1988). Most military children are happy to embrace the term *military brat* and one or another of its backronyms such as "brave, resilient, adaptable, and trustworthy."[1]

Difficult life events do not automatically lead to problems in children. In some cases, challenges provide an opportunity to grow. For instance, relocation can be a positive experience. Children and families have the opportunity to meet new people and make new friends, to visit different places, and to experience diverse cultures (O'Connell, 1981).

If families have positive attitudes toward relocation, social support, previous relocation experience, and active coping styles, they do better when they move (Feldman & Tompson, 1993; Frame & Shehan, 1994). As stressful as parental separation can be, military children are afforded the opportunity to take on responsibilities and to be more independent and mature. Although the inherent hierarchy and structure of military culture can produce resentment among some military children and decrease their independent thinking, it can also foster discipline. Furthermore, military values that emphasize service, sacrifice, honor, teamwork, loyalty, sense of purpose, sense of community, and pride can work as resilience factors to overcome the difficulties of military life (Paden & Pezor, 1993).

During War

The major challenge for military children and families during war is a lengthy deployment of the uniformed family member to a combat zone. Children not only miss the deployed parent, but they also experience obvious uncer-tainty surrounding his or her safety, especially in single-parent or dual-career families. There are other issues as well. Children may be asked to take on greater responsibilities, and daily routines may change (Pincus, House, Christenson, & Adler, 2001). Families may move to be closer to other relatives. Unlike relocation during times of peace, war-time relocation of families may require them to move off base into the civilian community where they lose the existing military support system (MacDermid, 2006).

Nearly 900,000 U.S. children have had at least one of their parents deployed since 2001, and currently 234,000 children have one or both parents at war (Zoroya, 2009). Long and frequent deployments of service members put military children and families at risk for psychosocial problems (American Psychological Association, Presidential Task Force on Military Deployment Services for Youth, Families, and Service Members, 2007). According to U.S. Department of Defense data, between 2003 and 2008 the number of military children receiving outpatient mental health care doubled, and during that period inpatient visits by military children increased by 50%, with a 20% jump from 2007 to 2008 ("Department of Defense Reaches Out to Children of Soldiers," 2009). This indicates potentially a cumulative toll of parental deployments on military children and urgent needs for proper mental health services for this population.

Although scarce, several studies have looked at the impact of parental deployment on children during current wars. Although military children and families cope relatively well with shorter separations (less than six months), longer and multiple deployments create measurable distress (Chandra et al., 2010; Flake et al., 2009). Parental deployment can affect physical health, academic performance, behavior problems, depression, and anxiety of military children. Adolescent children of deployed parents show significantly higher levels of stress, systolic blood pressure, and heart rate than their civilian counterparts (Barnes, Davis, & Treiber, 2007). Children of deployed service members also show decreases in their academic performance, school engagement, and overall school adjustment (Engel, Gallagher, & Lyle, 2010). More than one third of school-age children showed high risk for psychosocial difficulties during parental deployment, 2.5 times the national norm (Flake et al., 2009). Children of deployed parents, especially older youth and girls, reported more problems with school, family, and mental health. The longer the parental deployment is, the greater these problems are, during and after deployment (Chandra et al., 2010).

Risk factors exacerbating the negative effects of deployment on military children and families include a history of family problems, younger families, less educated families, foreign-born spouses, families with young children, those with lower pay grades or reduced income, those without a unit affiliation such as National Guard and Re-

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[1] The origin of the term *military brat* is not agreed on, although some have traced it to an acronym for British Regiment Attached Traveler (i.e., a soldier's child).

serve families, families with children who have disabilities, families with pregnancies, single-parent families, and families with mothers in the military (American Psychological Association, Presidential Task Force, 2007).

Although military deployment poses risks, especially for some families, it is equally important to remember that many military children and families show resilience and growth. During the deployment of a family member, parents report that their children are closer to family and friends, and that they are more responsible, independent, and proud. Seventy-four percent of the spouses of service members report personal growth, despite also reporting increased loneliness, stress, and anxiety (U.S. Department of Defense, Defense Manpower Data Center, 2009b).

Resilience plays an important role in all phases of deployment. Resilience mitigates stress and improves adjustment to deployment by children and families. Families that function most effectively are active, optimistic, self-reliant, and flexible (Jensen & Shaw, 1996; Wiens & Boss, 2006). Families that function well find meaning in military life and identify with the work of their uniformed family member (Hammer, Cullen, Marchand, & Dezsofi, 2006; Marchant & Medway, 1987). Family preparedness for deployment as well as community and social support lead to better adjustment (Wiens & Boss, 2006).

Huebner (2010) found that adolescents who adapted well during parental deployment showed the ability to put the situation in perspective; positive reframing; the embracing of change and adaptation as necessary; effective coping skills; and good relationships with family, friends, and neighbors. For example, one adolescent reported, "I have really good neighbors that understand the situation going on. And I'm always welcome at my neighbors" (Huebner, 2010, p. 14).

During deployment, the well-being of military children needs to be approached not just at the level of the individual child but also in terms of larger social systems—the extended family, neighborhoods, schools, and communities. The community environment affects children's adjustment and coping during wartime deployment, and parental stress strongly relates to a military child's psychosocial functioning during deployment (Flake et al., 2009; Huebner, Mancini, Bowen, & Orthner, 2009). The challenges faced by military children are exacerbated by family and community inability to recognize and provide proper support and assistance. If the family as a whole adjusts well to deployment, then so do children. If we care about military children's well-being, it is imperative to ensure family well-being because they are so closely connected.

All things considered, military families on average have done well and show resilience during peace and even war. Problems of course exist for some military families, but rarely to a greater extent than among civilian families. Contrast this conclusion with the notion of the *military family syndrome,* which refers to a constellation of out-of-control offspring, authoritarian fathers, and depressed mothers (Lagrone, 1978). This alleged syndrome has been refuted repeatedly by relevant evidence (e.g., Jensen, Gordon, Lewis, & Xenakis, 1986; Jensen et al., 1991; Morrison, 1981), but it seems to be as resilient as the healthy military family that it fails to acknowledge. The fact that military families overall have done well in the past deserves greater dissemination in the present than seems to occur in today's popular media. If nothing else, the historical strength of the military family can serve as a source of pride and inspiration.

Strengths-Based Approaches

Military children and families often do well, but they are not invulnerable (Cozza, Chun, & Polo, 2005). Rather, they do well because they have compensating strengths and assets (Bowen, Mancini, Martin, Ware, & Nelson, 2003: Palmer, 2008). It behooves us to identify what these may be, to enhance them, and to use what is learned to design interventions for all military children and families, those with or without problems. As noted, one way to prevent or solve problems is to base interventions on what is going well.

The previous section reviewed the strengths and assets of military children and families. More family support programs that address strengths as well as problems are needed. Existing programs need not be replaced but expanded. A focus on what goes well does not mean that what goes poorly should be ignored. Indeed, strengths-based interventions complement and extend problem-focused interventions (Park, 2004, 2009; Park & Peterson, 2006, 2008; Park et al., 2009; Peterson & Park, 2003). A comprehensive approach to the support of military families may be more effective than a problem-focused strategy, and it would certainly reduce the stigma that surrounds the seeking of "mental health" care.

Programs and resources, formal and informal, already exist in both military and civilian sectors to support military children and families. Targeted programs and services are helpful, but we need further assistance, support, and engagement of the broader community.

The *Military Child Education Coalition* (MCEC) programs to support military children are worthy of attention. They embody the strengths-based focus advocated here. MCEC has been working directly with different branches of the military, school districts, and parents to facilitate transition of transferring military children (MCEC, 2001). MCEC offers regular training for school counselors and teachers, involves civilian students in their programs, and makes available relevant information to schools as well as parents. Underlying all of the MCEC programs is the assumption that military families are resilient and resourceful, but that accessible information, consistent school rules, and support help reduce the annoyances associated with student relocation.

The Student 2 Student program of MCEC is a unique student-led, school-based program for transitioning students from military families. This program provides social as well as instrumental support for students relocating to and from different schools. A team of advisors, volunteer students, and school liaison officers from each school are trained to develop and implement specific plans that fit their particular school setting and to implement, recruit,

and train others at their school. These programs benefit all transitioning students, military connected or not.

As another example, MCEC's initiative "Living in the New Normal: Helping Children Thrive through Good and Challenging Times" engages and empowers the whole community. It is designed to reach everyone involved with military-connected children. It provides resources and trains adults to help children with deployment-related challenges to develop resilience. Further, the program brings together all sectors of the community to identify the unique assets of that community and to develop specific plans to utilize those assets to provide sustained support not only for military children and families but also for all community members. The MCEC programs stand in contrast to many other interventions for military families, which are often brief and highly targeted, because they involve larger social units (schools and communities) on an ongoing basis.

Issues and Recommendations

There is a significant shortage of evidence-based programs. Indeed, many programs for military children and families are not evaluated at all. In the absence of evidence for their effectiveness, they are but well-intended interventions. When resources are limited and demands are great, it is even more critical to identify programs that are effective and efficient, and to understand the active ingredients that make programs successful (Lester, McBride, Bliese, & Adler, 2011). Following appropriate evaluation, successful programs can be disseminated with confidence, and ineffective programs can be modified or eliminated. A better job needs to be done coordinating and disseminating information about existing programs, increasing their accessibility to the entire military community, and reducing stigma associated with seeking mental health care.

More generally, the research literature on military children and families is too scant, especially in light of contemporary concerns with their well-being while the United States is at war. Several observations about this literature are offered, followed by recommendations for further research and interventions.

Much of the relevant research on military families is not methodologically rigorous. Studies are often hampered by small and nonrepresentative samples and often lack appropriate comparison groups. They are often cross-sectional and starkly descriptive. Potential confounds are often not measured and thus cannot be taken into account, leaving studies inconclusive.

Studies of military children need to use multiple informants. Studies usually depend on what the nonmilitary parent says and may reflect a reporting bias. Consider that one investigation found greater problems among military children than among civilian children according to parental report but *not* according to the direct report of the children (Jensen et al., 1991). Chandra et al. (2010) noted similar discrepancies between conclusions based on parental report and child report.

The lack of explicit theory is conspicuous, although there is an important exception: the cycle of deployment model, which distinguishes different phases through which military families pass when a family member is deployed: (a) predeployment (from notification to departure), (b) deployment (from departure to return), (c) reunion (termed *redeployment* in the military), and (d) postdeployment. Each phase has its own characteristics and requirements (Pincus et al., 2001).

Research on the effects of deployment on military children and families usually focuses only on the period of actual deployment. Redeployment and postdeployment are poorly understood and in need of greater explication. Although reunion can be joyous, it also requires changes and adjustments in roles and routines for all family members, and these can be stressful and confusing (American Psychological Association, Presidential Task Force, 2007). Furthermore, many families have to start preparing for the next deployment again. For both families and service members alike, the postdeployment stage is particularly long and complex (MacDermid, 2006). Many returning service members experience combat-related mental health problems, injuries, and disabilities. These can burden children and families. There is simply not enough research about the long-term effects on children and families of living with a parent who is experiencing such difficulties and how to help them. Longitudinal studies are needed.

Also, a developmental perspective should be utilized in understanding the effect of deployment on children in order to provide developmentally appropriate services. Children at various developmental stages face different developmental tasks and have different levels of cognitive, emotional, and social skills. As a result, children may respond quite differently at each deployment cycle depending on their developmental stages (Paden & Pezor, 1993).

As already noted, most military family studies assume a traditional family and thus do not adequately sample the relevant populations. Considering the diversity of military family types, future studies should examine the impact of military life, especially deployment, on children from different types of families. Future studies should also compare the effects on children of maternal versus paternal deployment.

Although studies have been done spanning different military eras, they rarely use the same measures or procedures, precluding strong conclusions about similarities and differences among different military cohorts (e.g., those serving during Vietnam, Somalia, Desert Storm, and Operation Iraqi Freedom/Operation Enduring Freedom versus those serving during more peaceful times). Military families, no less than their civilian counterparts, are complex. The challenges they face are likely not across the board but rather are influenced by a host of interacting factors—branch of service, age, education, ethnicity, pre-existing problems and assets, community integration (e.g., living on base or off base), exposure to combat, and number of deployments—that are rarely studied in terms of their interactions.

Studies making direct comparisons across branches of the service are also rare, although those studies that do exist often find differences in family functioning across Army, Navy, Air Force, Coast Guard, and Marines. Another ne-

glected contrast related to family functioning is whether the uniformed family member is active duty or Reserve or National Guard. As is well known, a large number of Reserve and National Guard members currently serve; almost 700,000 members of the Reserve and National Guard have been activated since 9/11, parents of about 35% of military children (U.S. Department of Defense, Defense Manpower Data Center, 2009a). Reserve and National Guard families live off base among civilians and are less integrated into a military community, factors that limit their access to military support systems and programs. Many have either left or put on hold their civilian careers because of their "suddenly military" status. The effects on children and families are largely unknown, although one suspects that they include notable instability and stress.

Recent reports suggest that Reserve children and families may be at greater risk for mental health and adjustment issues (Chandra et al., 2008; Mental Health Advisory Team 6, 2009). Children from Reserve families report a lack of understanding and support from their peers and teachers more than children from active-duty families. And what about the children and families of civilian contractors and Federal Agency employees serving in war zones, so heavily relied upon during the current wars? No study has addressed the challenges they face.

There are members of the military family who are often neglected in research and intervention. Siblings can play an important role in bolstering the well-being and resilience of military children and deployed service members. Sibling relationships in general are among the most crucial in a person's life (Bank & Kahn, 1982). Increased attention to military children who do or do not have siblings would be important. Given frequent relocations, siblings may be even more important for military children than for civilian children, providing stability, familiarity, and support not readily available elsewhere.

Another glaring absence in the literature is consideration of the brothers and sisters of service members. The siblings of service members are of course affected by the deployment, injury, or death of those who serve, but virtually nothing is known about challenges they face and how to help them. Studies of civilians make clear that sibling loss adversely affects health and well-being. Surviving siblings often experience anxiety, guilt, sadness, and anger (Bank & Kahn, 1982). They report health that is even worse than that of surviving spouses (Hays, Gold, & Pieper, 1997).

"Siblings of troops often are forgotten mourners" (Hefling, 2009). According to a recent report, there are several thousand surviving siblings from current wars. Many are in their 20s or 30s (Hefling, 2009), but considering that many service members who have lost their lives were young, a large number of surviving siblings are also in their teens or even younger—children themselves. When a service member dies, the spouse, the children, and the parents are generally expected to be most affected. Sibling death may be overlooked as a significant loss (Moss, Moss, & Hansson, 2001). As a result, siblings may not receive the support they need.

Finally, more research is needed to understand the impact of deployment and grief on military parents and grandparents (Rando, 1986). Their coping and adjustment are important for their own sake as well as in terms of the impacts on the health and well-being of all other family members (Fry, 1997).

CSF Program for Military Family Members

Currently, a major effort is under way to extend the CSF program to all Army family members. Psychologists and the U.S. Army are collaborating to enhance the resilience and well-being of military family members. This project is based on the premise that family members play an important role in the soldier's performance, resilience, and well-being. Parallel to the CSF for soldiers, the family CSF program will include both assessment and program modules built on a strengths-based approach.

The Global Assessment Tool for families, now under development, measures a person's strengths and problems in four life domains: emotional, social, familial, and spiritual (Peterson et al., 2011). The contents of assessment and training modules for families are designed to address both common personal and family-related issues with special attention to unique challenges and experiences faced by military families. The assessment tool is planned to be available through a military website for family members, and the outcome will be confidential. Upon completion of the survey, participants will receive instant feedback on strengths and issues in each life domain. Depending on the results, tailored information and various training modules, from self-development online programs to more intensive group or personal interventions, will be made available.

At this early stage of the project, the target participants are adults in the military family—spouses or caretakers of military children. Strengths and problems among military children will be measured by the caretaker's report, and separate training modules are planned to provide adults with tools to promote the resilience and well-being of military children. A larger community of military family members will be reached in an efficient and cost-effective way with computer technology in conjunction with other strategies to deliver assessment and programs (Gottman et al., 2011). The family component of the CSF program has just begun. The initiative will be revised on the basis of the results of ongoing research and evaluation. It is conceivable that in the future, additional direct assessment and programs for military children will be added to the CSF program.

Conclusion

Throughout history, military children and families have shown great capacity to adapt to and grow from challenges, during peace or during war. However, with U.S. involvement in current wars, military families face multiple challenges that put them at high risk of distress and mental health problems. Their needs are greater than ever. The well-being of military children and families is desirable in

its own right and as a means to many other valued ends, for individuals and the larger society.

There is an urgent need for better understanding of both the challenges and the strengths and assets of military children and families to help them not only survive but also thrive. Studies and programs need to take a comprehensive approach that is strengths based *and* problem focused. Studies and programs must focus not just on the individual but also on larger social contexts. We need more high-quality research and more evidence-based programs. Programs need to be rigorously evaluated and better disseminated to reach all those who are in need. Current efforts to expand the CSF program to military family members are another example of a systematic collaboration between psychology and the military to achieve the goal of a healthy, resilient, and productive military community.

Psychology as a field is in a unique position to accomplish all of these goals (Seligman & Fowler, 2011). Military children and families deserve sustained attention from psychology. One hopes that more psychologists will join and indeed help lead this worthy endeavor. About one third of the population has a direct relationship with someone in the military, and virtually everyone has an indirect relationship (Black, 1993). Military families live in our neighborhoods. Their children go to our schools. Much can be learned from them. Building and sustaining healthy, resilient, and thriving military children and families will bring benefits not just to them but ultimately to all Americans. The military family *is* the American family.

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