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ORIGINAL PAPER

An Application of Family Stress Theory to Clinical Work with Military Families and Other Vulnerable Populations

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Abstract Growing empirical evidence has suggested an association between deployment experiences and adverse consequences among military families in terms of individual and family functioning. Military families are increasingly seeking the support of clinical social workers for both preventing and managing these adverse outcomes. The contextual model of family stress and coping, a family stress theory consistent with social work values, provides a clinically useful framework for designing effective interventions for this population. In this article, I apply this model to a case study to illustrate how this perspective can be used to both understand the experiences of military families and develop appropriate treatment plans for family therapy. Based on case information gathered by a social worker during a family assessment, I use the model to organize and understand the issues faced by this family and guide treatment.

Keywords Military deployment · Family coping · Family therapy · Treatment planning

Introduction

Experiences of Military Families

Since the work of Figley (1978) and others in the years following the Vietnam War, the adverse effect of combat exposure on military personnel has become increasingly evident. Deployment, specifically combat exposure, increases service members' risk of posttraumatic stress disorder, traumatic brain injury, depression, and substance use (Hoge et al. 2004; Okie 2005; Seal et al. 2009). The effect of war on the families of military service members has become a more frequently researched topic in recent years. Following the shift to an all-volunteer military, the demographics of military families have changed dramatically. As of 2012, 2,259,359 individuals were serving in the military with an associated 3,130,808 military-connected family members (U.S. Department of Defense [USDOD] 2012). Slightly more than half of all military personnel are married; 44 % have children. Following the terrorist attacks of September 11, 2001, the experiences of military families have significantly changed. Military personnel experience deployments at an unprecedented rate. Close to 2 million children have experienced parental overseas deployment in service of the global war on terror since 2001, and many families have experienced multiple, lengthy deployments (Lester et al. 2012).

Recent research has indicated that military deployments in particular can have a detrimental effect on both individual and family functioning. For example, family members of military service members are significantly more likely to experience domestic violence and child maltreatment (Gibbs et al. 2007; Marshall et al. 2005; Rentz et al. 2007). There is also potential for secondary traumatization of family members if the service member exhibits trauma symptoms (Pearrow and Cosgrove 2009). Additionally, returning service members may struggle to reconnect with their families following deployment and families may have difficulty negotiating the reintegration of the returning service member into the family system (Lester et al. 2010).

Compared with children of civilians and children of non-deployed military parents, children of deployed service members have been found to experience adverse outcomes as a result of parental deployment, including

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experiencing increased psychosocial difficulties (Flake et al. 2009), anxiety symptoms (Lester et al. 2010), school and peer difficulties (Chandra et al. 2010), substance use (Gilreath et al. 2013), and depressive symptoms and suicidal ideation (Cederbaum et al. 2013). The risks for children of military service members are greater when the at-home caregiving parent is also experiencing distress and when deployment length increases (Chandra et al. 2010; Lester et al. 2010).

Family Stress Theory as a Lens

Given the documented difficulties for children and families of military service members, a theoretical perspective that provides a clinically useful framework to understand the experiences of these families is critical to designing effective interventions. The contextual model of family stress and coping (Boss 2002), a family stress theory, offers one potentially useful perspective. Family stress theory, originally proposed by Hill (1958), attempts to explain why some families struggle in response to stressors whereas other families thrive. According to Hill's original research with World War II veterans and their families, two moderating variables could explain the differences in how families meet the challenge of a stressful event. The support that families receive and the meaning they assign to the stressful event determine whether a crisis will follow. With these concepts in mind, Hill proposed the ABC-X model, which states: a precipitating event (A) interacting with the family's crisis-meeting resources (B) and the meaning the family assigns to the event (C) produces a crisis (X; Hill 1958).

Boss (2002) modified the ABC-X model and proposed the contextual model of family stress and coping. Boss suggested that families are strongly influenced by their culture, genetics, place in the developmental life cycle, and their familial structure, values, and beliefs. Although the contextual model maintains the primacy of resources (B) and assignment of meaning (C), these external factors affect the A, B, and C concepts and thus play an important role in determining whether a stressor will precipitate a crisis or will lead to coping for any given family. In her model, Boss grouped these factors into the family's external context, which she described as components over which the family has no control, and the internal context, which the family is capable of modifying (Boss 2002).

Among models rooted in family stress theory, the contextual model is most relevant for clinical social workers because it is consistent with several core social work values. The model relies on a fundamentally strengths-based perspective in its focus on family coping, rather than crisis, as a potential outcome. Furthermore, the model's consideration of a family's internal and external contexts is also consistent with social work's person-in-environment perspective. This model is also preferable to other models that grew out of the family stress theory literature, including the double ABC-X model (McCubbin and Patterson 1983) and the family adjustment and adaptation response model (FAAR; Patterson 1988) because the contextual model offers a parsimonious set of critical factors that can be easily assessed and offer clear targets for intervention. Finally, in contrast to the double ABC-X and FAAR models, the contextual model explicitly addresses the effect of culture, which is particularly relevant for the diverse client base served by social workers.

The contextual model is also a useful lens for clinicians intervening specifically with military families. Because this model and related family stress theories were developed through research with World War II and Vietnam War families (Boss 2002; Hill 1958, McCubbin and Patterson 1983), it has direct relevance to the military population. Significant empirical evidence has suggested that family resources (the B factor) are crucial for determining how military families will manage stressors. For example, social support, a critical resource for this population, has been associated with better adaptation among military spouses, military-connected youth, and military families overall (Bowen et al. 2003; Coolbaugh and Rosenthal 1992; Flake et al. 2009). Empirical evidence also has suggested that assignment of meaning (the C factor) is a particularly salient construct in determining the effect of stressors on military family functioning. For example, studies have found the reaction of adults in the home to deployment is significantly related to how children fare during their parent's absence (Chandra et al. 2010; Flake et al. 2009). Thus, using the contextual model to guide work with military families can focus clinical attention on issues that are particularly relevant for this specific population and may lead to better treatment outcomes.

Given its relevance to clinical social work practice and particular applicability to work with military families, the contextual model of family stress and coping offers a useful framework for clinical social workers serving this population. To illustrate the usefulness of this perspective in developing a clinical understanding of military families, I present and analyze a clinical case using the contextual model and discuss how this orientation could guide treatment. Names and other identifying case information have been changed to protect the identity of this family.

Case Study

Presenting Problems

Miguel Acevedo, a 6-year-old Latino male, was brought to treatment at a community mental health agency in Southern

California by his mother, Maria Acevedo. Mrs. Acevedo reported her son was experiencing symptoms including sadness, crying, and isolating, and initially sought help from Miguel's school. The school referred Miguel for a mental health evaluation. According to Mrs. Acevedo, Miguel's depressive symptoms had begun recently and had been intense, occurring almost every day. Mrs. Acevedo reported that Miguel had been diagnosed with autism several years prior and continued to exhibit classic autism symptoms including rocking, echolalia, rigidity, difficulty following directions, repetitive behaviors, restricted interests, aggressive behaviors toward peers, and poor social skills. Based on the initial assessment, Miguel appeared to meet DSM-IV-TR (American Psychiatric Association 2000) criteria for depressive disorder not otherwise specified and autistic disorder. In addition to mental health symptoms, Miguel experienced seizures and had been diagnosed with a neurological condition for which carbamazepine had been prescribed. Finally, due to side effects from medications and possible overeating, Miguel was severely overweight for a 6-year-old.

As a result of his symptoms, Miguel experienced several functional impairments. Miguel's language and communication skills appeared impaired, although it was initially unclear whether these deficits resulted from actual delays or discomfort regarding the assessment process. His autism symptoms, particularly his restricted interests, rigidity, and aggressive behaviors, impeded his ability to form age-appropriate peer relationships. He was bullied at school during kindergarten and was able to identify only one friend. Miguel was isolated from his family members, who did not understand his symptoms and found his behaviors bizarre. Mrs. Acevedo reported that the onset of depressive symptoms had further exacerbated Miguel's isolation. Although not particularly close to the rest of his family, Miguel was very attached to his mother and had a difficult time separating from her to attend school. As a result, Mrs. Acevedo often allowed her son to stay home, which made the academic difficulties Miguel was already experiencing even more challenging. Finally, Mrs. Acevedo noted that Miguel had limited self-care skills and needed support from his mother to bathe himself and brush his teeth.

Past Services

Mrs. Acevedo noticed Miguel's odd behaviors starting at the age of 2; however, he was not referred for an evaluation until he began school. His school counselor referred the family for an evaluation at a regional center contracted by the California Department of Developmental Services to provide services to individuals with developmental disabilities. Miguel received an autism diagnosis. Mrs. Acevedo did not pursue regional center services at the time, but realized later that she needed more guidance on how to manage these symptoms and had been trying to access regional center services for several months. At school, Miguel was referred for an individualized education program evaluation and deemed eligible for special education services as a result of this evaluation and his autism diagnosis. He was in a general-education first-grade classroom, receiving resource and speech and language services through his school. Other than the regional center services she had been seeking, Mrs. Acevedo never considered mental health services for her son prior to the onset of his depressive symptoms. The Acevedo family had never participated in any form of family treatment.

Family History

For most of his life, Miguel lived at home with his mother, Maria; his 2-year-old sister, Bianca; and his father, Cesar. The nuclear family unit lived in one room of the home of Miguel's paternal grandparents, and Miguel's paternal aunt and uncle and their four children shared another room in the house. Miguel's mother did not work; Miguel's father worked sporadically for a friend's lawn service company and served part time in the U.S. National Guard. Mrs. Acevedo reported that the family struggled with money, which motivated her husband to join the National Guard as a means to earn extra income.

Mrs. Acevedo and her husband were both born in the Unites States to Mexican immigrant families who settled in Southern California shortly before Mr. and Mrs. Acevedo were born. Mrs. Acevedo noted that her parents spoke English and lived in a racial and ethnically diverse neighborhood. She described her upbringing and childhood experiences as normal and reported that as an adult she was particularly close to her biological sister and stepfather, who lived nearby. Mrs. Acevedo became upset when talking about her mother, who died when Miguel was very young. This was an extremely difficult period for Mrs. Acevedo, and she expressed concerns that her sadness during this time may have negatively affected her son. Mr. Acevedo did not participate in treatment, but his wife reported that her husband's upbringing was much more difficult than her own. According to Mrs. Acevedo, Mr. Acevedo's parents never learned English and struggled financially in the United States. They were harsh disciplinarians, and his father (Miguel's paternal grandfather) was once accused of molesting his daughter (Miguel's paternal aunt). Although this report was never substantiated, Mrs. Acevedo was careful to make sure her own children were never left alone with their paternal grandfather, who also resided in the home.

During the initial assessment, Mrs. Acevedo shared that the family had been experiencing a particularly difficult

period. Approximately 18 months prior, Miguel's younger sister, Bianca, was seriously ill, requiring long hospital stays and a significant amount of Mrs. Acevedo's attention. This change was particularly difficult for Miguel. In addition, the following year, Mrs. Acevedo experienced a late-term miscarriage that was also difficult for Miguel, who was aware that his mother was pregnant. Finally, not long after the miscarriage, Mr. Acevedo was deployed to Afghanistan with his National Guard unit, leaving Mrs. Acevedo at home to care for both young children and support the family through the grief process. The deployment was initially difficult for the entire family, but the three remaining family members eventually adjusted well and established new routines that worked for them. Mr. Acevedo was scheduled to return from his deployment soon after the initial assessment, although the exact date was unknown at the time.

Family Dynamics

Mrs. Acevedo reported that she and her husband had a rocky relationship. The couple fought frequently when Miguel was young, and an incident of domestic violence resulted in a brief period of separation during which Mrs. Acevedo and Miguel went to live with her family. At the time of assessment, Mr. and Mrs. Acevedo had reconciled and worked to resolve many of the issues in their marriage. Nevertheless, Mrs. Acevedo noted that Miguel and his father were never close. According to Mrs. Acevedo, Mr. Acevedo did not understand Miguel's symptoms and had limited patience for his behavior. Additionally, Mr. Acevedo reportedly favored his young daughter and worried about her following her illness. During the assessment, Miguel expressed anger toward his father and stated a clear preference for his mother. Mrs. Acevedo acknowledged that she was very close to her son and had a difficult time separating from him even though she knew she should "let him live his life." During the assessment, the family's social worker was unable to separate mother and son for even a brief period to assess them independently.

Impact of Military Service on the Family

During the initial assessment, Mrs. Acevedo did not volunteer that her husband was serving in the National Guard and was currently deployed. She shared this information with the family's social worker only after questioning about Mr. Acevedo's involvement in treatment. Mrs. Acevedo reported feeling grateful for the extra income that her husband's military service provided to their family. The regular hazard pay he was receiving while deployed was a significant increase compared to his normally sporadic income. However, Mrs. Acevedo and her children were having a difficult time coexisting with her husband's family while he was away. Although there were many other adults in the home, Mrs. Acevedo did not report receiving emotional or instrumental support from her husband's family. Additionally, other than her husband's income, Mrs. Acevedo denied receiving any support from the National Guard while her husband was deployed. The burden of being a single parent was taking its toll, and she reported difficulty sleeping and back pain.

Despite these difficulties during his absence, Mrs. Acevedo did not appear particularly enthusiastic about her husband's return. When discussing this issue, Mrs. Acevedo appeared mostly concerned about the resulting decrease in income and the difficulty that might arise from disrupting the routines she had developed for her children in her husband's absence. Additionally, Mrs. Acevedo reported that Miguel refused to discuss his father's return. She worried that Miguel in particular would struggle to readjust because changes in his routine were so disruptive for him. Neither Mrs. Acevedo nor Miguel demonstrated concern about Mr. Acevedo's safety while deployed and only expressed pride in his service when directly asked by their social worker. When the social worker probed for information about Mr. Acevedo's deployment, Mrs. Acevedo reported that it was difficult to talk to him while he was gone. Mrs. Acevedo shared that she had completely taken over the decision making for the family in her husband's absence, a role she had not played prior to his departure.

Case Analysis

Described above are the facts of a case gathered during an assessment with the Acevedo family. In this case analysis, I use the central components of the contextual model of family stress and coping to organize the features of the case and discuss how this model could guide treatment with this family. I begin with the precipitating event, resources, and meaning factors central to the model and proceed to discuss the family's internal and external context.

Precipitating (A) Factor

After assessing this family, the precipitating factor was not immediately clear. Mrs. Acevedo sought treatment because of Miguel's depressive symptoms but was unable to identify a trigger for their onset. When asked, Miguel was also unable to identify what brought on these symptoms. Because his true language ability was not evident during the initial assessment, the social worker could not be certain whether Miguel was actually unable to identify a cause or merely unable to communicate his experiences.

It was not until the social worker probed for more information about Mr. Acevedo, whom Mrs. Acevedo did not bring up voluntarily, that it became clear that his impending return to the family system was a significant source of stress for both Miguel and his mother. Mrs. Acevedo expressed ambivalent feelings about this upcoming change. Functioning as a single parent had been stressful for her, particularly due to the stressors the family was already experiencing at the time of deployment, so having some additional help was attractive to her. In addition, she was struggling to coexist with Mr. Acevedo's family in his absence. However, upon his return, they would lose the increased salary Mr. Acevedo was making overseas. Mrs. Acevedo also expressed concern about the disruption that Mr. Acevedo's return would cause, particularly for Miguel. Mrs. Acevedo seemed to imply that Miguel was doing better without his father at home. Miguel refused to discuss his father's return during sessions or at home, but the timing of the onset of his symptoms appeared to coincide with the family receiving word that Mr. Acevedo would be returning.

This significant stressor, Mr. Acevedo's return following deployment, was experienced against the backdrop of several other significant stressors facing the family. These stressors included financial strain, Miguel's autism and related functional impairments, the aftermath of Bianca's illness, and the ongoing grief that the family and Mrs. Acevedo in particular were experiencing related to her miscarriage and the loss of her mother. This accumulation of stressors, although not explicitly included in the contextual model, is an aspect of many family stress theories (e.g., the double ABC-X model; McCubbin and Patterson 1983). These theories note that an aggregation of stressors places even greater importance on the effect of resources and assignment of meaning for families to avert a crisis.

Resources (B) Factor

In the contextual model of family stress and coping, this concept refers both to resources internal to the family and support to which the family has access (Boss 2002). With regard to internal capacity, Mrs. Acevedo reported that she was functioning as a single parent while her husband was overseas. Moreover, Mrs. Acevedo had been making all the decisions for her household alone, because talking to her husband was difficult. Thus, the family did not have the benefit of the combined efforts of both parents, but rather functioned based largely on the capacity of Mrs. Acevedo. Not surprisingly, taking on this broader role was stressful for Mrs. Acevedo, who reported pain and difficulty sleeping.

Given the cultural value of familism in Latino communities (Barrio et al. 2011; Calzada et al. 2013), the treating social worker inquired about resources from outside the nuclear family unit. Mrs. Acevedo reported that she was receiving little support from her husband's family with whom she and her children lived. Her mother-in-law was willing to watch the children on occasion, but Mrs. Acevedo expressed concern about accessing this resource due to fear regarding the history of sexual abuse involving her father-in-law. Additionally, Mrs. Acevedo reported that her brother and sister-in-law, who also lived in the family home, were unable to watch her children because one of their daughters seemed to trigger Miguel's aggressive behaviors. Lastly, Mrs. Acevedo reported that her husband's family was not a source of emotional support for her or her children. Her mother-in-law did not approve of Mrs. Acevedo's more acculturated views regarding Miguel's behaviors and often expressed that physical discipline would "fix him." Mrs. Acevedo was able to turn to her sister and her stepfather for emotional support but reported that she did not see them often because traveling to their home with both children was a "hassle." Lastly, Mrs. Acevedo had not received any support from the military community. The overall lack of resources available to the Acevedo family to address the stressors it was experiencing suggested that this family may have been at risk of experiencing a crisis.

Meaning (C) Factor

This concept refers to the meaning that the family assigns to a particular stressor. For many military families, the end of deployment is a largely positive experience, although not without its challenges (Lester et al. 2010). However, for the Acevedo family, the end of Mr. Acevedo's deployment appeared to have a much more complicated meaning. Mrs. Acevedo expressed some positive emotions about her husband's return, but also shared significant reservations. She appeared particularly concerned about the effect of her husband's return on the routines she had worked hard to establish for her children. In the treating social worker's view, Mrs. Acevedo left other possible concerns unspoken. Although Mrs. Acevedo reported some stress concerning being a single parent, she also expressed pride in her role as the family decision-maker, a role which she did not play when her husband was home. It is conceivable that Mrs. Acevedo did not want to relinquish this sense of autonomy and cede the decision making to her husband when he returned.

For Miguel, his father's return to the family may have had a purely negative meaning. Mrs. Acevedo reported that the relationship between Miguel and his father was strained. Mr. Acevedo favored his young daughter and reportedly did not have any patience for Miguel's symptoms. This appeared to be a source of anger for Miguel.

More subtly, Miguel clearly valued his relationship with his mother above all other relationships in his life. He struggled to separate from her for school and refused to separate during assessment sessions. The treating social worker asked Miguel to draw a picture of his family as part of the assessment process. In his picture, Miguel chose to draw only himself and his mother. When the social worker inquired about his father and sister, Miguel agreed that they were part of his family, but did not choose to add them into his picture. Part of Miguel's negative feelings about his father's return may have been related to concerns that he would have to compete with his father for his mother's affection. Taken together, the collective meaning that the family appeared to make of Mr. Acevedo's impending return was complicated, if not primarily negative.

External Context

In the contextual model, factors that influence the family but are out of its control are described as the external context. This may include culture, genetics, place in the developmental lifecycle, and any economic or historical experiences that coincide with the stressor event. For the Acevedo family, culture was particularly relevant to how its members experienced the stressor event. Both adults in the Acevedo family were born in the United States to parents who migrated from Mexico as young adults. Despite these similarities, Mrs. Acevedo and her family of origin were reportedly more acculturated to U.S. society than her husband and his family. This was a source of tension, particularly while Mrs. Acevedo was living with her husband's family in his absence. Mrs. Acevedo reported that her parents-in-law had their own way of understanding Miguel's behavior and did not support her decisions to give him medication or take him to a social worker. Mrs. Acevedo reported feeling frustrated that she did not receive more instrumental support from her husband's family, because this appeared to conflict with her culturally based expectations of the role of the extended family. She seemed to interpret this lack of support as a subtle message that she had not been accepted as a member of the Acevedo clan. These factors clearly increased the stress level in the family and particularly influenced the resources that the family brought to bear on the stressor event.

Internal Context

In the contextual model, factors influencing the family over which members have some control are described as the internal context. These may include psychological factors, family structure, values, and beliefs. For the Acevedo family, the interaction between family structure and beliefs were particularly salient in interpreting the stressor event. Mr. Acevedo's deployment significantly changed the structure of the nuclear family unit. One of the strongly held beliefs in this nuclear family, which may have been partially influenced by its culture, is that the father is the head of the household and makes decisions for the family. This changed with Mr. Acevedo's deployment. Suddenly, Mrs. Acevedo was functioning as a single parent and was forced to make all the decisions for the family on her own. These factors clearly influenced the level of stress in the home and affected the meaning assigned by the family to the stressor event. Although Mrs. Acevedo was experiencing difficulty coping with her role as a single parent, she also appeared to have a sense of pride in her role as decision maker and worried that her husband's return would upset the work she had done in his absence. These factors particularly affected the meaning assigned by the family to the stressor event.

Discussion

Applying the contextual model to information gathered during the assessment of the Acevedos highlights several salient features of the family's presentation that may be relevant targets for intervention. In accordance with the model (Boss 2002), an examination of the A, B, and C factors suggest there is reason to be concerned about outcomes for the Acevedo family. According to the contextual model, the family was experiencing one significant stressor (the A factor) against the backdrop of various other stressors. Boss (2002) contended that resources (the B factor) and meaning (the C factor) moderate the relationship between stressors and eventual outcomes. The family's minimal internal and external resources, combined with the complicated or possibly negative meaning assigned to Mr. Acevedo's return, suggest that this stressor had the potential to precipitate a crisis in the family. Furthermore, the contextual model hypothesizes that the family's internal and external contexts influence the A, B and C factors. For the Acevedo family, the conflict between the more acculturated family unit and its less-acculturated extended family coupled with the lack of support provided by the extended family increased stress in the home and particularly affected the family's resources. The shift in family structure and violation of family norms resulting from Mr. Acevedo's deployment also increased stress in the home and influenced the meaning assigned by the family to the precipitating event.

Treatment Goals for the Acevedo Family

Miguel's depressive symptomatology was the presenting problem that brought the family to treatment. After a

careful assessment of the entire family, Miguel's symptoms can be understood as an expression of stress in the family unit resulting from the reaction to Mr. Acevedo's imminent return from deployment. Working with the available family members to address these stressors would be a reasonable clinical decision as a means to ameliorate the presenting problem (Miguel's symptoms) and possibly avert a crisis in the family system. Not only is the contextual model a good conceptual tool to identify a family's overall risk for crisis, it is also useful in focusing attention on particular areas of a family's experience that may be amenable to intervention.

As in every family system, many of the problematic aspects of the Acevedo family's experience were immutable. Family members could not change the fact that Mr. Acevedo was deployed overseas and was returning home; they could not change the different levels of acculturation that were causing tension in the household; and they could not alter their past patterns of behavior or family norms. However, the contextual model highlights two areas in which a social worker working with the family could have an effect on their outcomes. Mrs. Acevedo was in need of additional support, both emotional and instrumental. She needed assistance to secure regional center services for Miguel to help him learn the necessary skills to better manage his behaviors. She needed some form of respite care so she could attend to her own needs without putting her children at risk in the care of their grandparents. Lastly, she needed emotional support, which could be provided through individual therapy, a support group for military spouses, or by facilitating the existing but distant relationships she had with her sister and stepfather.

The assignment-of-meaning process was another area that offered potential to influence outcomes for this family. Mrs. Acevedo and Miguel were both struggling to make sense of conflicting emotions regarding Mr. Acevedo's return home. Helping the family clarify the meaning of this event and develop coping strategies could be an effective treatment goal. Strategies might include: (1) encouraging Mrs. Acevedo to seek additional resources for military spouses from a National Guard Family Assistance Center or to attend a Family Readiness Group, where she might meet and learn from others who have experienced similar mixed emotions regarding reintegration; (2) renegotiating family roles between both parents such that Mrs. Acevedo could retain some of the decision-making capability she developed in her husband's absence; and (3) planning to incorporate Mr. Acevedo into treatment following his return to provide him with psychoeducation regarding Miguel's symptoms and opportunities for positive interaction with his son in a safe environment. Increasing the family's resources and clarifying the assignment-of-meaning process through pursuit of these treatment goals may serve to avoid a looming crisis for the Acevedo family.

Strengths and Limitations of the Contextual Model

There are many advantages to using the contextual model of family stress and coping as a clinical tool for work with military families. As illustrated by this case example, this model is particularly relevant for military families who are experiencing significant stressors related to deployment and reintegration. This model focuses clinical attention on two specific factors, resources and assignment of meaning, which have been empirically linked to outcomes among military families (Bowen et al. 2003; Chandra et al. 2010; Coolbaugh and Rosenthal 1992; Flake et al. 2009). Furthermore, given the increasing diversity of the U.S. military (USDOD 2012), the framework encompasses the effect of the family's race and culture on the stressors its members experience, the resources they can mobilize, and the meaning they assign to events. The cultural sensitivity of the model allows it to be applied to diverse populations, thereby giving it particular clinical relevance for social workers working with military populations. In addition, the contextual model synthesizes empirical support with a wealth of clinical experience gleaned from direct work with families experiencing stress. This synergy imbues the framework with a practicality and richness that resonate with clinicians. Lastly, the model is a parsimonious, causal theory that posits that a finite number of variables can predict with some level of accuracy an outcome for a particular family. This explanatory power is useful not only for intervention with a given family but also as a means of identifying families that may be at risk and could benefit from preventive efforts. Moreover, this capacity to identify families at risk of poor outcomes has implications for community interventions and policy development aimed at broad-scale prevention.

Despite its usefulness, there are some limitations to the contextual model as a guide to clinical work with families. As with any theoretical framework, clinicians must be wary of becoming too wedded to a particular viewpoint. Viewing all families through one theoretical lens and ignoring aspects of their presentation that do not fit into that particular orientation may cause clinicians to miss salient features of an individual family's experience. Similarly, using a theoretical framework to organize clinical information is only valid if a thorough assessment has been conducted and the information gleaned is accurate. Any conclusions drawn about a family's risk of crisis should be viewed as tentative, and particularly in the case of cross-cultural work, these conclusions should always be shared

with the family and modified according to its members' understanding of their own circumstances.

Conclusion

The individuals and families that make up our Armed Forces represent many diverse backgrounds and experiences. As they may be more identified with military culture, families in the Active Duty component or those in a different branch of service may have responded very differently to the circumstances which the National Guard family described in this case study experienced. Given the increase in deployments following September 11, 2001, as well as the associated negative effects on service members, their children, and their families, conceptual and clinical tools that can guide social workers in treating diverse military families are increasingly relevant. This case analysis demonstrated that the contextual model of family stress and coping is one such tool that can be effective in guiding treatment with this population. Although there are limitations to using any theoretical orientation in clinical work, this framework is particularly useful because it is effective in working with diverse populations, encompasses the richness of a family's lived experiences, and offers clinically useful targets for both prevention and intervention.

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