Assessing the Content Validity of 'RES-COPE' - An Intervention Programme for Children from Indian Military Families

Shreeya Menon and Meetu Khosla
Daulat Ram College, University of Delhi, Delhi

Background: The unique stressors faced by military families have placed tremendous stress on the academic, socialand emotional lives of children. Frequent moves, extended deployments and changing schools can be hard onchildren. RES-COPE was developed considering the challenges faced by children, to enhance their resilience andcoping. The present study validates RES-COPE with the help of experts. Content validity index is calculated toquantifytheresultsofRES-COPE. Aim: This study examined the process of content validation for an intervention program, calculated the contentvalidityindexinterm sofitemvalidityindexandscalevalidityindextoquantifyRES-COPEbeforeitsimplementation. Method:Thepresentadaptedthecontentvalidationprocessfore-healthinterventionsassug gestedbyKassam-Adams et al.,(2015). Eight experts rated the activities of RES-COPE on a five point scale (0-4) across threedimensions-Relevance, Likely Effectiveness and Appropriateness. Item validity index (I-CVI) and Scale validityindex/Average (S-CVI/ Ave) was calculated to determine the validity of RES-COPE. Results for the I-CVI andS-CVIwerecalculatedbyaddingupthescoresacrossallthedimensionsforalltheactiviti esofRES-COPE. Results: Results of the present study indicate that the I-CVI index for all but three activities was excellent across thethree dimensions. Similarly, the S-CVI/ Ave was excellent for Relevance (0.90) but not so up to the mark forEffectiveness(0.88) andAppropriateness(0.87).Theoverallquantitativeandqualitativeindicators of content validitydemonstratethefeasibilityofRES-COPEamongchildrenfromIndianmilitaryfami lies. Conclusion: RES-COPE can be implemented among children aged 8-12 years from Indian military families. Thevalidation of RES-COPE can pave the way for other culturally appropriate intervention programmes for childrenfrom Indian military families. The feasibility of the content validation method proposed by Kassam-Adams etal.,(2015) can be widely assessed by incorporating content validation processes as a part of development of mentalhealthinterventions..

Keywords: military children, Indian, RES-COPE, contentvalidity, intervention

Frequent moves, extended deployments, changing of schools and leaving peers behind places tremendous stress onmilitaryfamilies, especiallychildren(Mmarietal.,2010;Trautman etal.,2015;Hillet al., 2022).Research hashighl ightedthemanyproblemsassociatedwithdeplo yment(Crammetal;.,2019;Cunitzetal.,2019;Ke nt etal.,2021;Williams et al.,2022). Academic, emotional and behavioural problems are some among the othersthatmilitary children face during deployment (Lyle,2006;Crowson,2022).Children are able to understand and grasp thestress in their surroundings but lack resources to approach the problems effectively. Due to their lack of knowledgeabout the available adaptive coping strategies, children resort to the easier, faster and available maladaptive copingresources which undermines their potential of becoming a fully functioning adult. Along with having academic andemotional problems, children are also known to have increased risk of depression, psychological and behaviouralproblems due to deployment (Chandra et al.,2010; Lester et al.,2010) . Pye et al., (2017) explains deployment as a major life event like other major life events which has significant impact on those left at home, particularly children. In Indian context, deployment is rather known as 'posting' which is of two types- peace posting and field posting.Field postings are places in the

country that are more dangerous, with limited network coverage and riskier livingconditions compared to peace postings whereas peace postings often allow the families to move with the servicemembers, are less dangerous and have good facilities for living. Pincus et al.,(2001), explains deployment as afive-stage process with emotional challenges required to be 'mastered' by family members through each of thestages-pre-deployment, deployment, sustainment, redeployment and post- deployment. In addition to understandingthe emotional responses of family members, this model of deployment also allows an understanding of the practicalchallengesfacedbymilitaryfamilies.

Past studies have highlighted the need for interventions to enhance psychological wellbeing and emotional health of military children; considering the unique stressors they deal with (Barker & Berry, 2009; Lester et al.,2013). It has been established that interventions aimed at helping families in crisis have had a significant positive impact on parents and children, even decreasing their psychological distress (National Research Council & Institute of Medicine, 2009). Several comprehensive studies suggest that families have a significant impact in military deployment success (Carter et al., 2015;Gewritz et al.,2011;Greene et al., 2010, Mulligan et al.,2012;Park,2011).Recommendations suggest the need of evaluating the effectiveness of programs for military populations (Kudler & Porter, 2013).

Mogil et al.,(2019) emphasize on the importance of having intervention for specific populations, like the military population. It is fundamental to ensure that an intervention can effectively accommodate the cultural context and distinctive requirements of the target population. In this way, adaptation becomes an important aspect of implementation of intervention programs (Castro et al., 2004). Eventually, interventions with child based outcomes can promote the process of resilience and coping among children from military families. Furthermore, every country's military history, ethos, traditions and culture differ based on the societal attitude of the institution and military families, the country's geopolitical scenario,

among others. Thus, it is imperative that intervention programmes are designed taking these points into consideration.

RES-COPE is a 6 week intervention program, designed for children from Indian military families. RES-COPE is a 14 session program in which children are taught emotional, cognitive and behavioural skills to enhance their resilience and coping. These sessions consist of interactive activities and videos, where each session lasts for 30-40 mins. The present study aims to validate RES-COPE to assess its feasibility before its implementation.

What is Content Validity? Why is it important to validate interventions?

Content validity of an instrument/assessment is defined as "the degree to which elements of an assessment/instrument are relevant to and representative of the targeted construct for a particular assessment purpose"(Haynes et al; 1995).During the development phase of an instrument/assessment, quantitative and qualitative markers generated from expert review of an instrument's content validity can be beneficial in identifying flaws and refining the content (Haynes et al; 1995, Polit et al; 2007). Kassam-Adams et al.,(2015) who proposed a new method to assess the content validity of e-health interventions, also expanded their definition on the above given definition. They define content validity of an e-health intervention as "the extent to which its component intervention activities are relevant to the underlying construct (i.e. program theory) and likely to be effective in achieving a particular intervention purpose in a specific intended population"(Kassam-Adams et al.,2015). Justifying their definition, Kassam-Adams et al.,(2015) delineates three core dimensions for expert review: *relevance, likely effectiveness and appropriateness* for a particular target audience. The present study considered and adapted

Kassam-Adams et al., (2015) definition of content validity along with its dimensions across which the expert panel will rate the activities of RES-COPE.While researchers know the importance of validating an assessment/ instrument; why is it significant that we validate

our intervention programs? Firstly, both quantitative and qualitative indicators have been accepted by researchers in assessing the content validity of interventions, however, Dinnesen et al., (2018) suggest researchers use a structured quantifiable method to assess the content validity of interventions. Secondly, assessing the content validity for interventions provides a scope for improvement of the intervention. Additionally, assessing content validity in the early stages of the intervention can tremendously help in refinement and deletion of activities that could be problematic. This can prove to be time and cost effective and can also ensure better effectiveness as the problems associated with the program are already visible before implementation (Kassam-Adams et al.,2015). Finally, determining content validity for intervention programs can determine legitimacy of the intervention program. Subsequently, establishing content validity at the initial stages of intervention development may potentially prevent or reduce major/substantial changes to it once it is implemented (Rubio et al; 2003).

Method

Procedure

Content validity is usually calculated while developing psychological tests and assessments/tools/measurement tools. As far as our knowledge and the extensive review of literature the present study has conducted, there was paucity of substantial material on the process of conducting content validation for intervention programs. But Kassam-Adams et al.,(2015) have developed a new method to calculate content validity for e-health intervention programs. The present study has adapted the method developed by them to calculate the content validity index for our intervention program RES-COPE.

The validation process of RES-COPE was done in four steps.

Step 1 – Experts from various fields of psychology and academics were invited for the process of content validation of RES-COPE.

Emails were sent to the experts with details of the program along with the date and time for the content validation process. Any doubts/

additional questions from the experts were addressed by the authors via email. Fifteen experts in total were invited out of which eight experts accepted the invitation to give expert advice/suggestions to make RES-COPE better. Polit et al.,(2007) have suggested at least 8-12 experts for the content validation process.

Step 2 – As mentioned in the previous step, experts were given date and time to join the meeting where the authors explained the RES-COPE program in detail. A document with the comprehensive description of all the activities along with the objectives and procedures of the activities were presented before the expert panel. The meeting was conducted online. After the presentation, the experts asked questions about the RES-COPE and provided the authors with verbal suggestions to improve the quality of the RES-COPE. Verbal suggestions were noted by the authors for future reference. At the end of the presentation, a Google form was circulated amongst the experts where they rated each activity that was paired with its objective. The experts rated 33 activities across 14 sessions on three dimensions: Relevance, Effectiveness and Appropriateness for military children. [As adapted from Kassam-Adams et al.,(2015)].

Relevance (Kassam-Adams et al.,2015) was defined as "extent to which each intervention activity is pertinent to intended Intervention Target/Objectives13"

Effectiveness (Kassam-Adams et al., 2015) was defined as "likelihood that each activity will modify/address the objectives.

Appropriateness (Kassam-Adams et al.,2015) for children was defined as "extent to which each language, nature of activities is clear, easy to understand and culturally and developmentally appropriate for children.

Each activity was rated on a five-point scale from 0-4 on each dimension. Relevance was rated from 0-4 where 0=Irrelevant and 4= Central/Essential. Similarly, for Effectiveness and Appropriateness = = not likely to be effective/ content/nature/language unsuitable for children and 4= Effective/content suitable for children respectively (Kassam-Adams et al.,2015).In addition to the qualitative markers, comments and suggestions for particular activities as well

as for the overall intervention was also asked at the end of the form.

Step 3 - In step 3, the content validity index for RES-COPE was calculated. There are two types of content validity index(CVI): (i) S-CVI/Ave and I-CVI. I-CVI is the CVI value for each activity/item given by all the experts. Experts who have rated 3 or 4 for the activities will be denoted as "1" and experts rating of 1 or 2 will be denoted as "0"(Kassam-Adams et al.,2015). This was done for all the activities across all the three dimensions. The I-CVI was then calculated for all the 3 dimensions using the formula - I-CVI = Agreed Item/No of experts (Yusoff,2019). The S-CVI/Ave which is the scale level content validity index based on the average method (Yusoff,2019). To calculate S-CVI/Ave, the average of all I-CVIs for a set of items (Polit et al; 2007). This was done across the three dimensions.The formula used to calculate S-CVI was S-CVI = I-CVI/Total no of activities (Yusoff,2019).

Step 4 – Results of I-CVI and S-CVI/Ave across all dimensions were analyzed. Polit et al.,(2007) suggested a cutoff for I-CVI and S-CVI for tool measurement. The present study has adopted the established standards recommended by Polit et al.,(2007). Kassam-Adams et al.,(2015) recommends the same standards of content validity for e-health interventions. An e-health intervention is considered to be excellent if it has an I-CVI of at least 0.78 across all activities and if the S-CVI/Ave is at least 0.90. Additionally, the narrative comments by the expert panel were also noted to make changes in the existing intervention. Subsequently, the calculated results along with the narrative comments were used to make changes in the RES-COPE before the implementation in the final study.

Statement on Ethical Approval: This study did not take ethical approval as at the time of submission of this article, human participants were not involved as a part of this study. The present study only evaluates the content validity of a newly developed intervention programme. It does not involve the implementation of the particular intervention programme in the present study.

Results

Table 1: I-CVI and S-CVI/Ave for activities on the RES-COPE

Session	Intervention Activities	Objectives of the activity	I-CVI		
			Relevance	Effectiveness	Appropriateness
Session 1	Activity1	Familiarize participants with each other	0.875	0.75	0.875
	Activity2	Encourage communication between participants	0.875	0.875	0.875
Session 2	Activity3	To discuss the goals of the group	0.875	0.875	0.875
	Activity 4	Explore the concept of deployment through children's understanding	0.875	0.875	0.875
	Activity 5	To understand the common problems faced by the group during deployment through peace and field postings.	0.875	0.875	0.875
Session 3	Activity 6	To understand the meaning of adversities and reflect on the meaning	0.875	0.875	0.875
	Activity 7	To explore different kinds of adversities faced by participants and to confirm children are able to reflect on the meaning through experiences from their life.	0.875	0.875	0.875
Session 4	Activity 8	To explore and articulate the meaning of resilience	0.875	0.875	0.875

	Activity 9	To reflect on the meaning of resilience. To establish the understanding of the meaning of resilience	0.875	0.875	0.875
Session 5	Activity 10	To understand participants' emotional vocabulary and to introduce the concept of feelings	0.875	1	0.875
	Activity 11	To introduce participants to various feelings. To discuss the feelings participants have during deployment	0.875	0.625	0.5
Session 6	Activity 12	To introduce the participants to complex feelings.	0.625	0.625	0.875
	Activity 13	To evaluate participants' understanding of complex feelings To determine if participants can distinguish among these feelings.	0.875	0.875	0.875
Session 7	Activity 14	To teach participants to communicate their feelings effectively. To train participants to take responsibility if their feelings	0.875	0.875	0.875
	Activity 15	To practice communicating feelings that participants have to go through during deployment	0.875	0.875	0.875
Session 8	Activity 16	To learn and understand the connection between thoughts, feelings and behavior	0.875	0.875	0.875
	Activity 17	To understand/reflect on the meaning of coping	0.875	0.875	0.875
Session 9	Activity 18	To familiarize participants with the concepts and meaning of adaptive and maladaptive coping	0.875	0.875	0.875
	Activity 19	To evaluate participants' comprehension about adaptive and maladaptive coping strategies	0.875	0.875	0.875
	Activity 20	To introduce participants to various adaptive coping strategies	0.875	0.875	0.75
Session 10	Activity 21	To set the pace for participants to learn problem solving	0.875	0.875	0.875
	Activity 22	To guide participants to explore what is control in a situation	1	1	0.875
	Activity 23	To let participants explore what is in their control and what is not during deployment	1	0.875	0.875
Session 11	Activity 24	To understand how participants approach problems in stressful times	0.875	0.875	0.875
	Activity 25	To familiarize participants with the process of problem solving.	1	0.875	0.875
Session 12	Activity 26	To demonstrate the many problems that occur in one way communication. To teach participants the benefits of two way communication	1	1	0.875

	Activity 27	To encourage constructive dialogue between participants and their parents	1	0.875	1
	Activity 28	To manage stress effectively	1	1	1
Session 12	Activity 29	To help participants practice paying attention to the different feelings of being tense versus feeling relaxed	1	1	1
Session 13	Activity 30	To help participants identify their support during time of crisis	1	1	0.875
	Activity 31	To help participants identify and understand when to ask for help	1	1	0.875
	Activity 32	To teach participants to seek support during stressful situations	1	0.875	1
	Activity 33 Homework	To remind participants what coping skills they can use. To outline a plan in case a problem arises	0.875	0.875	0.875
Session 14	Activity 34	To reflect on the learnings from the programme. To know if and how it has helped the participants. To gauge new learning from the programme	0.875	0.875	0.875
			0.90 S-CVI	0.88 S-CVI	0.87 S-CVI

The experts panel also suggested narrative comments during the Google Meet seminar and in the Google Forms as well. Most of the reviewers suggested replacing the "Feelings wheel" activity with something that involved more images for the participants(children) to relate better. Owing to the complex nature of this feeling wheel, experts believed that it would be difficult for the children to comprehend it. Additionally, the video on "Feelings and Vocabulary" was considered by the reviewers to be non essential in the programme. Activities on stress management mainly belly breathing and Icicle Puddle game were recommended to be practised at the end of every session for the participants to feel relaxed. One of the reviewers proposed to rearrange the order of the activities related to communication. They said "communication, which is very important, can be kept as one of the earlier activities in the intervention program".

Discussion

The present study demonstrates the process of evaluating the content validity for an intervention program-RES-COPE. The I-CVI index for all but three activities was excellent across the three dimensions. Similarly, the S-CVI/Ave was excellent for Relevance (0.90) but not so up to the mark for Effectiveness(0.88) and Appropriateness (0.87).Essentially, content validity is calculated to determine the validity of psychological assessments. Here, we have attempted to evaluate the validity of RES-COPE before its implementation by adapting the method proposed by Kassam-Adams et al.,(2015). The authors of the present study collaborated with experts to draw suggestions to refine the activities, target objectives and analysis to improve the feasibility of RES-COPE for children from Indian military families. This study describes the process of assessing the content validity by delineating the steps of data collection and analysis to ameliorate the activities of RES-COPE before its implementation. Quantitative as well as qualitative data was collected from the expert panel which provided insights on the refinement and elimination of the activities and target objectives of RES-COPE. Although, data was both-quantitatively and qualitatively, the main aim was to quantify the indices of the content validity for RES-COPE. This study calculated the content validity index of both item content validity index (I-CVI) and

Scale validity Index/Average (S-CVI/Ave) to determine the validity of RES-COPE. Following the method proposed by Kassar-Adams et al.,(2015) to quantify content validity, the experts were asked to rate each activity that was paired with a target objective which allowed the researchers to calculate the I-CVI and S-CVI/Ave. After analyzing the quantitative data in addition to the narrative comments provided by the experts, the authors refined the activities and also eliminated activities that were either irrelevant, ineffective or inappropriate as deemed by the expert panel. For example; the 'feelings wheel' activity did not match the cut-off score of the I-CVI index. Subsequently, in their narrative comments, the expert panel also mentioned its inappropriateness for children. Thus, the authors refined and replaced the activity with 'Feeling faces' which would be relatable for children. Similarly, they had to eliminate the A-Z Coping Strategies video as the I-CVI values were not in the acceptable range of the cut-off score. In conclusion, Content validity is an important aspect of developing effective intervention programmes. The results of this assessment can provide valuable feedback on the relevance, effectiveness, and appropriateness of the intervention content, and help to improve the effectiveness of the intervention. The present study has limitations, which indicate the need for further research. Although the present study recommend using quantitative indicators and threshold levels based on content validity research for the development of psychological measures as proposed by Kassam-Adams et al.,(2015), more research is required to determine the range of I-CVI and S-CVI/Ave results for different types of mental health interventions and their relationship to improved performance. The present study targets three domains:relevance, likely effectiveness and appropriateness for a specific population. However, as the tool becomes more widely used, additional domains may be recognized as necessary. The present study can be used with school going children from Indian military families to enhance their resilience and coping. The development and validation of RES-COPE can be utilized by the future researchers to validate culturally appropriate intervention programs for military children. The method for validating intervention programs can also be tested on various mental health intervention programs to understand its useability and practicality.

Conclusion

In the present study, the authors have adapted the method suggested by Kassam-Adams et al.,(2015) to evaluate the content validity of an intervention program-RES-COPE for children from Indian military families. Overall quantitative and qualitative indicators of content validity suggest its feasibility in enhancing the resilience and coping among children from Indian military families. RES-COPE can be implemented among Indian children from military families to enhance their resilience and coping.

References

Barker, L. H., & Berry, K. D. (2009). Developmental issues impacting military families with young children during single and multiple deployments. *Military Medicine, 174*(10), 1033–1040. https://doi.org/10.7205/MILMED-D-04-1108

Carter, S. P., Loew, B., Allen, E. S., Osborne, L., Stanley, S. M., & Markman, H. J. (2015) Distraction during deployment: Marital relationship associations with spillover for deployed army soldiers. *Military Psychology, 27*(2), 108–114. https://doi.org/10.1037/mil0000067

Castro, F. G., Barrera, Jr., M., & Martinez, Jr., C. R. (2004). The cultural adaptation of prevention interventions: Resolving tensions between fidelity and fit. *Prevention Science, 5*(1), 41–45. https://doi.org/10.1023/B:PREV.0000013980.12412.cd

Chandra, A., Lara-Cinisomo, S., Jaycox, L. H., Tanielian, T., Burns, R. M., Ruder, T., & Han, B. (2010). Children on the homefront: The experience of children from military families. *Pediatrics, 125*(1), 16–25. https://doi.org/10.1542/peds.2009-1180

Cramm, H., McColl, M. A., Aiken, A. B., & Williams, A. (2019). The mental health of military-connected children: A scoping review. *Journal of Child and Family Studies, 28*(7), 1725–1735. https://doi.org/10.1007/s10826-019-01402-y

Crowson, S. (2022). The Impact of Military Life on Children Academically and Socially. [City

University of Seattle]. http://hdl.handle. net/20.500.11803/1945

Cunitz, K., Dölitzsch, C., Kösters, M., Willmund, G.-D., Zimmermann, P., Bühler, A. H., Fegert, J. M., Ziegenhain, U., & Kölch, M. (2019). Parental military deployment as risk factor for children's mental health: A meta-analytical review. *Child and Adolescent Psychiatry and Mental Health, 13*(1), 26. https://doi.org/10.1186/s13034-019-0287-y

Dinnesen, M. S., Olszewski, A., Breit-Smith, A., & Guo, Y. (2020). Collaborating with an expert panel to establish the content validity of an intervention for preschoolers with language impairment. *Communication Disorders Quarterly, 41*(2), 86–99. https://doi.org/10.1177/1525740118795158

Gewirtz, A. H., Erbes, C. R., Polusny, M. A., Forgatch, M. S., & DeGarmo, D. S. (2011). Helping military families through the deployment process: Strategies to support parenting. *Professional Psychology: Research and Practice, 42*(1), 56–62. https://doi.org/10.1037/a002234514

Greene, T., Buckman, J., Dandeker, C., & Greenberg, N. (2010). How communication with families can both help and hinder service members' mental health and occupational effectiveness on deployment. *Military Medicine, 175*(10), 745–749. https://doi.org/10.7205/MILMED-D-09-00278

Haynes, S. N., Richard, D. C. S., & Kubany, E. S. (1995). Content validity in psychological assessment: A functional approach to concepts and methods. *Psychological Assessment, 7*(3), 238–247. https://doi.org/10.1037/1040-3590.7.3.238

Hill, S., Williams, A., Khalid-Khan, S., Reddy, P., Groll, D., Rühland, L., & Cramm, H. (2022). Mental health of Canadian military-connected children: A qualitative study exploring the perspectives of service providers. *Journal of Child and Family Studies*. https://doi.org/10.1007/s10826-022-02450-7

Institute of Medicine (U.S.), O'Connell, M. E., Boat, T. F., Warner, K. E., & National Research Council (U.S.) (Eds.). (2009). Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities. National Academies Press.

Kassam-Adams, N., Marsac, M. L., Kohser, K. L., Kenardy, J. A., March, S., & Winston, F. K. (2015). A new method for assessing content validity in model-based creation and iteration of ehealth interventions. *Journal of Medical Internet Research, 17*(4), e95. https://doi.org/10.2196/jmir.3811

Kent, J., Taylor, P., Argent, S., & Kalebic, N. (2021). Experiences of children who have been separated from a parent due to military deployment:a systematic review of reviews. *BJPsych Open, 7*(S1), S263–S263. https://doi.org/10.1192/bjo.2021.702

Kudler, H., & Porter, C. R. I. (2013). Building communities of care for military children and families. *The Future of Children, 23*(2), 163–185. https://doi.org/10.1353/foc.2013.0019

Lester, P., Peterson, K., Reeves, J., Knauss, L., Glover, D., Mogil, C., Duan, N., Saltzman, W., Pynoos, R., Wilt, K., & Beardslee, W. (2010). The long war and parental combat deployment: Effects on military children and at-home spouses. *Journal of the American Academy of Child & Adolescent Psychiatry, 49*(4), 310–320. https://doi.org/10.1016/j.jaac.2010.01.003

Lester, P., Stein, J. A., Saltzman, W., Woodward, K., MacDermid, S. W., Milburn, N., Mogil, C., & Beardslee, W. (2013). Psychological health of military children: Longitudinal evaluation of a family-centered prevention program to enhance family resilience. *Military Medicine, 178*(8), 838–845. https://doi.org/10.7205/MILMED-D-12-00502

Lyle, D. S. (2006). Using military deployments and job assignments to estimate the effect of parental absences and household relocations on children's academic achievement. *Journal of Labor Economics, 24*(2), 319–350. https://doi.org/10.1086/499975

Mmari, K. N., Bradshaw, C. P., Sudhinaraset, M., & Blum, R. (2010). Exploring the role of social connectedness among military youth: Perceptions from youth, parents, and school personnel. *Child & Youth Care Forum, 39*(5), 351–366. https://doi.org/10.1007/s10566-010-9109-3

Mogil, C., Heiselberg, M. H., Clement, A., & Nielsen, A. B. S. (2019). Programs for children in military families. *Journal of Military, Veteran and Family Health, 5*(S2), 97–115. https://doi.org/10.3138/jmvfh.2019-0011

Mulligan, K., Jones, N., Davies, M., McAllister, P., Fear, N. T., Wessely, S., & Greenberg, N. (2012). Effects of home on the mental health of British forces serving in Iraq and Afghanistan. *British Journal of Psychiatry, 201*(3), 193–198. https://doi.org/10.1192/bjp.bp.111.097527

Park, N. (2011). Military children and families: Strengths and challenges during peace and war. *American Psychologist, 66*(1), 65–72. https://doi.org/10.1037/a0021249

Pincus, S. H., House, R., Christenson, J., & Adler, L. E. (2001). The emotional cycle of deployment: A military family perspective. *US Army Medical Department Journal, 4*(5), 6.

Polit, D. F., Beck, C. T., & Owen, S. V. (2007). Is the CVI an acceptable indicator of content validity? Appraisal and recommendations. *Research in Nursing & Health, 30*(4), 459–467. https://doi.org/10.1002/nur.20199

Pye, R. E., & Simpson, L. K. (2017). Family functioning differences across the deployment cycle in british army families: The perceptions of wives and children. *Military Medicine, 182*(9), e1856–e1863. https://doi.org/10.7205/MILMED-D-16-00317

Rubio, D. M., Berg-Weger, M., Tebb, S. S., Lee, E. S., & Rauch, S. (2003). Objectifying content validity: Conducting a content validity study in social work research. *Social Work Research, 27*(2), 94–104. https://doi.org/10.1093/swr/27.2.94

Trautmann, J., Alhusen, J., & Gross, D. (2015). Impact of deployment on military families with young children: A systematic review. *Nursing Outlook, 63*(6), 656–679. https://doi.org/10.1016/j.outlook.2015.06.002

Williams, A., Cramm, H., Khalid-Khan, S., Reddy, P., Groll, D., Rühland, L., & Hill, S. (2022). Mental health of Canadian children growing up in military families: The child perspective. Armed Forces & Society, 0095327X2211288. https://doi.org/10.1177/0095327X221128837

Williamson, V., Stevelink, S. A. M., Da Silva, E., & Fear, N. T. (2018). A systematic review of wellbeing in children: A comparison of military and civilian families. *Child and Adolescent Psychiatry and Mental Health, 12*(1), 46. https://doi.org/10.1186/s13034-018-0252-1

Yusoff, M. S. B. (2019). ABC of content validation and content validity index calculation. *Education in Medicine Journal, 11*(2), 49-54. https://doi.org/10.21315/eimj2019.11.2.6

Shreeya Menon, Daulat Ram College, University of Delhi, Delhi

Prof. Meetu Khosla, Daulat Ram College, University of Delhi, Delhi