

# A Toolkit For The Well Child Screening of Military Children

Red Sox Foundation  
Massachusetts General Hospital  
Home Base Program in partnership with  
The Massachusetts Child Psychiatry Access Project

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**EXECUTIVE SUMMARY:**  
**THE PEDIATRICIAN AND  
THE MILITARY FAMILY**

## “WHEN ONE MEMBER OF A FAMILY SERVES, EVERYONE SERVES”

Two million children in the U.S. have lived through a parent’s deployment in support of Operation Iraqi Freedom (OIF) or Operation Enduring Freedom (OEF). In Massachusetts, 231,000 family members have lived through two or more deployments. Research suggests that a child’s functioning and coping are affected by a parent’s deployment. While most children manage the stress of the lengthy separation from a parent during a military deployment, research confirms that a child’s functioning can be negatively affected. Children of all ages can evidence disruption in their behavior, mood, and academic performance when a parent is deployed. A recent study of the medical records of 640,000 children ages 3 through 8 found when the children were separated from their parent because of deployment, mental and behavioral health visits to their pediatricians increased by 11%. Pediatric visits for behavioral disruption increased by 19% and visits for stress disorders increased by 18%.<sup>1</sup>

## NEW DEMANDS ON THE MILITARY CHALLENGE THE MOST RESILIENT FAMILIES

Historically, rates of child maltreatment in the military were below those in the civilian population. With the onset of the conflicts in Afghanistan (2002) and Iraq (2003) however, rates for military families now exceed those of non-military families.<sup>2</sup> The likelihood of child maltreatment, primarily neglect, increases during a parent’s deployment and is reported to be as high as 42%.<sup>3-4</sup>

## UNIQUE CHALLENGES ACCOMPANY EACH PHASE OF THE DEPLOYMENT CYCLE

The challenges military children face do not end when their parent returns home. The post-deployment re-integration phase brings disruption to the family re-organization and equilibrium achieved during the military parent’s 8-12 month absence. These challenges are magnified when the parent returns with a combat-related injury or disability, including the invisible, signature wounds of the Iraq and Afghanistan wars, PTSD and traumatic brain injury. The Department of Veteran’s Affairs estimates that approximately 20% of returning service members develop PTSD. Due to the stigma attached to this disorder,<sup>5</sup> 60% of these service members do not seek treatment. Children of service members with PTSD are at higher risk for depression and anxiety than children of non-combat veterans; they may also develop PTSD symptoms of their own in response to the parent’s PTSD-related behaviors. Children who tragically lose a parent in combat not only deal with the loss of a mother or a father, but with a death that is traumatic, and in some cases, traumatizing.

## HEALTH CARE PROFESSIONALS CAN CONNECT CHILDREN TO SUPPORT FOR DEPLOYMENT-RELATED STRESS

There is an urgent need for early identification of children coping with the unique, significant challenge of a parent’s military deployment. This Toolkit can be integrated into primary care and pediatric practices to support resiliency in children dealing with a parent’s deployment and return home. Intended for use during the well-child visit, it will also identify early children and parents who can be appropriately referred for a child psychiatry consultation through the MCPAP network. The Massachusetts Child Psychiatry Access Project (MCPAP), a system of regional children’s mental health consultation teams, is designed to help clinicians (PCCs) meet the needs of children with psychiatric problems.

# Overview of Toolkit and How To Use It

## THIS TOOLKIT IS DESIGNED TO ASSIST THE PRIMARY CARE CLINICIAN (PCC) AND HIS OR HER STAFF TO:

- (1) Identify children and parents within their practices who are members of a military family.
- (2) Assess the degree of distress a child and his or her caretaking parent experience because of their military family member's deployment and re-integration.
- (3) Give resource materials at the time of the well-child visit to children and parents whose stress can be best managed by psycho-education.
- (4) Determine whether the child's or the child's caregiver's distress is significant enough to warrant consultation with MCPAP.

## AN EXAMPLE OF HOW TO INTEGRATE THE TOOLKIT INTO AN OFFICE PRACTICE:

**Step 1.** At Patient Check-In, the Receptionist asks, "Is someone in your family serving our country?" If YES, she or he provides the Pediatric Symptom Checklist (PSC) for Parent to fill out, or provides the PSC-Youth Version for the teen to fill out.

**Step 2.** Patient or Parent gives the PSC to the Physicians Assistant or Nurses Assistant who scores the PSC and attaches it to the patient's chart. A score of 24 for children ages 3-5 and a score of 28 for children ages 6-18 indicate psychiatric consultation is warranted. An individual practice may decide a lower or higher cut-off score depending upon the needs of the practice and characteristics of the community. Information on psychometric properties of the inventory can be found at [http://www2.massgeneral.org/allpsych/psc/psc\\_scoring.htm](http://www2.massgeneral.org/allpsych/psc/psc_scoring.htm)

**Step 3.** Primary Care Clinician can integrate the PSC information into the Well Child Examination of the patient as best fits his or her style. The Parent Interview assists the PCC to gather specific information regarding the deployment and its effect on the child and family.

**Step 4.** Primary Care Clinician determines whether the child and family require only psycho-educational materials or require consultation with MCPAP. If psycho-education is indicated, a staff person provides package of printed resource materials OR instructions on how to access the materials on the Home Base website ([www.homebaseprogram.org](http://www.homebaseprogram.org)). If a MCPAP consultation is indicated, the usual procedure is followed. N.B. All forms can be downloaded from [www.homebaseprogram.org](http://www.homebaseprogram.org)

# PCC FACT SHEET ON DEPLOYMENT

This fact sheet is intended as a brief introduction to key facts for members of the practice and the office staff <[www.homebaseprogram.org](http://www.homebaseprogram.org)>

## CHALLENGES FACING THE MILITARY FAMILY: AN OVERVIEW

- <0.5% of the U.S. population serves in the uniformed armed services
- Nationally, 2 million children have lived through a parent's deployment
- 800,000 children have lived through two or more deployments
- In Massachusetts, 10,000 children are currently separated from a parent because of a military deployment
- As the total number of months of deployments increases, the child and family level of functioning declines with adolescent girls and older adolescents (ages 15-17) experiencing more stress than children of any other age
- Length of deployment and time between deployments ("dwell time") affect family functioning. Longer deployments and shorter dwell time are associated with less effective parent and child coping and greater family instability
- Children are at greater risk of maltreatment, primarily neglect, during deployment due to the caretaking parent's heightened stress
- Young children of single parents (usually mothers) are at greater risk of child maltreatment, most frequently neglect
- Children who are temperamentally anxious and shy are more likely to require coping support during the time of a parent's deployment than children of other temperaments
- Children's anxiety remains high while that of the spouse declines when the veteran returns home
- Children of veterans with PTSD are at higher risk for depression and anxiety than children of non-combat veterans; they may also develop PTSD symptoms of their own in response to the parent's PTSD-related behaviors
- In Massachusetts, service members are most likely to deploy as a member of the National Guard, not as Active Duty. Consequently, a military-connected child in the Commonwealth is often the only child in class with a parent in the armed services. His or her isolation, and that of the family, adds significantly to the stress of the parent's absence and worries about his or her safety

# THE PEDIATRIC SYMPTOM CHECKLIST (CHILD VERSION)

**For the Office Staff to begin screening protocol by having parent complete symptom checklist in the waiting room <[homebaseprogram.org](http://homebaseprogram.org)>**

## INSTRUCTIONS FOR SCORING:

The standard parent completed PSC form consists of 35-items that are rated as never, sometimes, or often present and scored 0, 1, and 2, respectively. Item scores are summed, with a possible range of scores from 0-70. If one to three items are left blank by parents, they are simply ignored (score = 0). If four or more items are left blank, the questionnaire is considered invalid. The total score is recoded into a dichotomous variable indicating psychosocial impairment or not. For children aged six through eighteen, the cut-off score is 28 or higher (28=impaired; 27=not impaired). For children ages 3-5, the scores on elementary school related items 5, 6, 17 and 18 are ignored and a total score based on the 31 remaining items is completed. The cutoff score for younger children is 24 or greater. \*

\* [http://www2.massgeneral.org/allpsych/psc/psc\\_home.htm](http://www2.massgeneral.org/allpsych/psc/psc_home.htm)

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# THE PEDIATRIC SYMPTOM CHECKLIST (CHILD VERSION)

Emotional and physical health go together in children. Because parents are often the first to notice a problem with their child's behavior, emotions, or learning, you may help your child get the best care possible by answering these questions.

Please mark under the heading that best describes your child:

	Never	Sometimes	Often		Never	Sometimes	Often
1. Complains of aches or pains	___	___	___	21. Has trouble sleeping	___	___	___
2. Spend more time alone	___	___	___	22. Worries a lot	___	___	___
3. Tires easily, little energy	___	___	___	23. Wants to be with you more than before	___	___	___
4. Fidgety, unable to sit still	___	___	___	24. Feels he or she is bad	___	___	___
5. Has trouble with teacher	___	___	___	25. Takes unnecessary risks	___	___	___
6. Less interested in school	___	___	___	26. Gets hurt frequently	___	___	___
7. Acts as if driven by motor	___	___	___	27. Seems to be having less fun	___	___	___
8. Daydreams too much	___	___	___	28. Acts younger than children his or her age	___	___	___
9. Distracted easily	___	___	___	29. Does not listen to rules	___	___	___
10. Is afraid of new situations	___	___	___	30. Does not show feelings	___	___	___
11. Feels sad, unhappy	___	___	___	31. Does not understand other people's feelings	___	___	___
12. Is irritable, angry	___	___	___	32. Teases others	___	___	___
13. Feels hopeless	___	___	___	33. Blames others for his or her troubles	___	___	___
14. Has trouble concentrating	___	___	___	34. Takes things that do not belong to him or her	___	___	___
15. Less interested in friends	___	___	___	35. Refuses to share	___	___	___
16. Fights with other children	___	___	___				
17. Absent from school	___	___	___				
18. School grades dropping	___	___	___				
19. Down on him or herself	___	___	___				
20. Visit doctor with doctor finding nothing wrong	___	___	___	Total score _____			

Does your child have any emotional or behavioral problems for which she or he needs help? ( ) N ( ) Y

Are there any services that you would like your child to receive for these problems? ( ) N ( ) Y

If yes, what services? \_\_\_\_\_

# THE PEDIATRIC SYMPTOM CHECKLIST (YOUTH VERSION, AGES 13-18)

**For the Office Staff to begin screening protocol by having youth complete symptom checklist in the waiting room <[www.homebaseprogram.org](http://www.homebaseprogram.org)>**

## INSTRUCTIONS FOR SCORING:

The standard youth completed PSC form consists of 35-items that are rated as never, sometimes, or often present and scored 0, 1, and 2, respectively. Item scores are summed, with a possible range of scores from 0-70. If one to three items are left blank, they are simply ignored (score = 0). If four or more items are left blank, the questionnaire is considered invalid. The total score is recoded into a dichotomous variable indicating psychosocial impairment or not. For children aged six through eighteen, the cut-off score is 28 or higher (28=impaired; 27=not impaired). \*

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\* [http://www2.massgeneral.org/allpsych/psc/psc\\_home.htm](http://www2.massgeneral.org/allpsych/psc/psc_home.htm)

# THE PEDIATRIC SYMPTOM CHECKLIST (YOUTH VERSION, AGES 13-18)

Please mark under the heading that best fits you:

	Never	Sometimes	Often		Never	Sometimes	Often
1. Complain of aches or pains	___	___	___	21. Have trouble sleeping	___	___	___
2. Spend more time alone	___	___	___	22. Worry a lot	___	___	___
3. Tire easily, little energy	___	___	___	23. Want to be with your parent more than before	___	___	___
4. Fidgety, unable to sit still	___	___	___	24. Feel you are bad	___	___	___
5. Have trouble with teacher	___	___	___	25. Take unnecessary risks	___	___	___
6. Less interested in school	___	___	___	26. Get hurt frequently	___	___	___
7. Act as if driven by motor	___	___	___	27. Seem to be having less fun	___	___	___
8. Daydream too much	___	___	___	28. Act younger than children your age	___	___	___
9. Distract easily	___	___	___	29. Do not listen to rules	___	___	___
10. Are afraid of new situations	___	___	___	30. Do not show feelings	___	___	___
11. Feel sad, unhappy	___	___	___	31. Do not understand other people's feelings	___	___	___
12. Are irritable, angry	___	___	___	32. Tease others	___	___	___
13. Feel hopeless	___	___	___	33. Blame others for your troubles	___	___	___
14. Have trouble concentrating	___	___	___	34. Take things that do not belong to you	___	___	___
15. Less interested in friends	___	___	___	35. Refuse to share	___	___	___
16. Fight with other children	___	___	___				
17. Absent from school	___	___	___				
18. School grades dropping	___	___	___				
19. Down on yourself	___	___	___				
20. Visit doctor with doctor finding nothing wrong	___	___	___				

# SCREENING TOOL — “Cover the Bases”

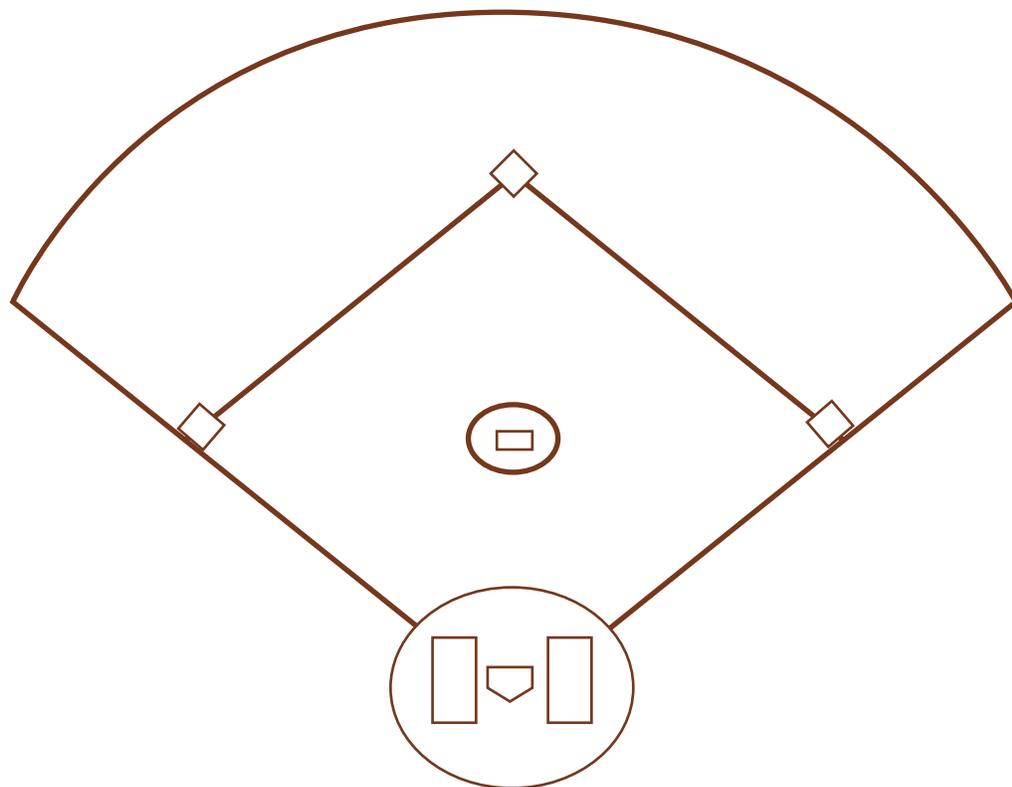
Four Questions for the PCC to identify military-connected children and their current need for support and/or intervention

**First:** Is anyone in the family in the military?

**Second:** Is anyone in the family showing signs of distress?

**Third:** Does any family member need additional help or support?

**Home:** Is everyone safe at home?



## “Cover the bases” 4 factors to assess for development impacts on families

**FIRST: Family In Reserves/Returning, Stationed, in Training?**

**SECOND: Signs Effecting Children Or New Difficulties?**

**THIRD: Treatment or Help In Resolving Difficulties?**

1. Is anyone in the Family In the Reserves/Returning, Stationed, or in Training?
  - a. When one person serves, the entire family serves.
  - b. Change is difficult. What is hardest differs for each person. Hard times can be opportunities for growth.
2. Any Signs of Effects on Children or New Difficulties emerging?
  - a. The transition away or back home requires everyone to adjust to the New Normal. Changes often occur in family member roles surrounding the deployment AND the return, and these can be uncomfortable even during reuniting.
  - b. Has the “honeymoon” worn off, has daily life become easier as a family or more difficult at the 3-month mark?
  - c. One cannot “un-know” what one “knows.” If troubling memories persist, and don’t “get better” (less frequent and intense), this is a sign that additional support or treatment is necessary.
  - d. The most common signs suggesting significant difficulty are: avoidance of the family, sleep changes, anxiety that is easily triggered, depressive symptoms, and distrust of familiar others.
3. Any Treatment or Help Needed In Resolving Difficulties (current or anticipated)?
  - a. Communication is the most helpful skill. Parent to child, child to parent/other adults, and friend to friend.
  - b. A safe network through friends, other similar military families, extended family, church or activity networks can be stabilizing and helpful supports for both those who serve, and for those at home.
4. Is the Home currently Orderly or are Major Events occurring?
  - a. The return home is eagerly anticipated, but includes unexpected changes.
  - b. Being “home” and in a safer place allows person to move away from survival mode and to reflect on events.
  - c. Tragedies can occur from feeling helpless amidst dangerous events as well as from being directly hurt.



# PARENT SCREENING INTERVIEW

1. How is your child functioning?

At SCHOOL (grades, behavioral problems, attendance)? \_\_\_\_\_

At HOME (participates vs. isolates, chores, talks about life)? \_\_\_\_\_

With PEERS (stable friendships, sleepovers, good influences)? \_\_\_\_\_

2. What Symptoms in your Child/ren do you see that concern you?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. How are you holding up? What do you use for a Support Network?

Military Family Members/Friends: \_\_\_\_\_

Family: \_\_\_\_\_

Friends: \_\_\_\_\_

Spirituality: \_\_\_\_\_

Interests/Activities \_\_\_\_\_

Other: \_\_\_\_\_

4. How does your child describe this episode (deployment) of his/her life?

FOR THE PCC TO INTERVIEW THE PARENT REGARDING  
DEPLOYMENT STRESSES DURING THE CHILD OR  
YOUTH'S PHYSICAL EXAMINATION



# MCPAP CONSULTATION CHECKLIST

Date \_\_\_\_\_

Patient \_\_\_\_\_ DOB \_\_\_\_\_

A. Family Member in Military: \_\_\_\_\_ Father  
\_\_\_\_\_ Mother  
\_\_\_\_\_ Brother/Sister  
\_\_\_\_\_ Other \_\_\_\_\_

B. Current Status: \_\_\_\_\_ Pre-deployment  
\_\_\_\_\_ Deployed  
\_\_\_\_\_ Home  
\_\_\_\_\_ Re-deploying

C. Impact on Patient  
\_\_\_\_\_ Requires further evaluation for \_\_\_\_\_  
\_\_\_\_\_ Requires URGENT evaluation for \_\_\_\_\_

D. Screening Tool Used in Assessment [optional] \_\_\_\_\_ No  
\_\_\_\_\_ Yes, PSC [attached] \_\_\_\_\_ Yes, Parent Questionnaire [attached]

FOR THE PCC TO INITIATE  
CONSULTATION WITH MCPAP



# PREPARING FOR DEPLOYMENT

- 1. Make Team Decisions.** Discuss what you and your spouse/partner want to share with the children. Decide on what you want to call the upcoming separation (“Mom will be serving our Country,” “Dad will fix planes in Iraq.”), and how the family will stay connected during the deployment. Clear, simple, language is best. Anticipate and decide together how to answer core questions: What will you be doing? How long will you be away? How will you be safe?
- 2. Develop a Game Plan for Questions:**

**Go At Your Child’s Pace.** Welcome all your child’s questions warmly, and let them ask when they’re ready to discuss a topic.

**Rely On Your Teammates.** Not all questions require immediate or detailed answers. It’s all right to say, “That’s a good question. I’ll need to think about it/talk it over with (spouse, minister, other family member) and get back to you.”

**Look for Signals.** Respect a child’s wish not to talk. Check in with your child from time to time and ask if he is hearing too much, too little, or the right amount about the deployed parent and changes at home.
- 3. Combat Fears.** Don’t let your child worry alone. Encourage your child to share with you what others may have said about the war or about a specific news items about the war.
- 4. Keep Your Child Up to Speed.** The worst way for a child to receive troubling news is to overhear it. News learned by accident is often confusing and inaccurate, leaving the child with incorrect and unhelpful information. Direct communication lets your child know she is important.
- 5. Create Special Family Time.** Taking photographs, making videos, and creating shared memories help a child cope with the separation surrounding a parent’s deployment.
- 6. Maintain Healthy Routines.** Try to maintain your child’s usual schedule. This includes school, play dates, homework, extracurricular activities, and household responsibilities. Talk with each child’s teacher and let your children know who they can go to if they have a hard time at school.
- 7. Keep Morale High. Carve out protected family time.** Check in every day with every member of the family. Keep the family strong, and keep information (cards, photos, videos, etc.) going to the deployed family member.
- 8. Take Care of Yourself.** Parents need to be mindful of their own well being and how it impacts their children. Seek the help you need to feel confident. It is normal to feel worried, but when overwhelmed, rely on your support network of family members, friends, clergy, and others who can help.

A PARENT CAN FIND THIS RESOURCE AT  
[www.homebaseprogram.org](http://www.homebaseprogram.org)



# COPING WITH DEPLOYMENT CHALLENGES

1. **Discuss with your spouse/partner what you will share with the children.**
2. **Decide on what you want to call the upcoming separation, and how the family will stay connected during the deployment.** Clear, simple language is best. Anticipate and decide together how to answer their questions. For example, what will you be doing? How long will you be away? How will you be safe?
3. **Create special family time in preparation for the deployment.** Taking photographs, making videos, and creating shared good memories helps a child cope with the separation of a parent's deployment.
4. **During deployment, welcome all your child's questions warmly.** Try to tease out the "real" question your child wants to ask. Not all questions require immediate or detailed answers. It's all right to say, "That's a good question. I'll need to think about it/talk it over with (spouse, minister, other family member) and get back to you."
5. **Respect a child's wish not to talk.** Check in with your child from time to time and ask if he is hearing too much, too little, or the right amount about his deployed parent and changes at home.
5. **Don't let your child worry alone.** Let your child use their network of friends, family, and trusted adults to process what others may have said about the war or about specific news items about the war. This goes for parents, too.
6. **The worst way for a child to hear troubling news is to overhear it.** News learned by accident is often confusing and inaccurate. Keep the lines of communication open. Direct communication lets your child know she is important.
7. **Try to maintain your child's usual schedule.** This includes school, playtimes, homework, extracurricular activities, and household responsibilities. Talk with each child's teacher and let your children know who they can go to at school if they are having a hard time.
8. **Carve out protected family time.** Make good memories to share and continue living vs. putting life on hold.
9. **Take good care of yourself.** Parents need to be mindful of their own well-being and its impact on their children. Be sure you get the help you need to feel confident. It is normal to feel worried, but if you are overwhelmed, turn to your support network of family members, friends, clergy, and others who can help your emotional health.

A PARENT CAN FIND THIS RESOURCE AT  
[www.homebaseprogram.org](http://www.homebaseprogram.org)



# TALKING TO CHILDREN ABOUT YOUR HOMECOMING

## 1. Prepare Yourself:

- a. What did you tell your child about the return home?
- b. How have you talked about it since getting home?
- c. Did you anticipate with your child (and spouse/partner) what might be hard?
- d. What are you surprised/disappointed/worried about?
- e. Do you have any specific worries?
- f. Who in the family seems “most” worried?
- g. Who is there to help you? Do you know whom to contact if things get worse?

## 2. Make the Child’s Experience Talk-About-Able. Use questions to help the child describe deployment impacts on them:

- a. What was easier about the time when I was away?
- b. What was the worst stuff about my time away?
- c. Is anything easier now that I am home?
- d. What surprised you about the time I was away?
- e. What is different about my return than you had imagined?
- f. Do I seem different? In what ways? Can you give me an example?
- g. How have you changed? In what ways? Can you give me an example?

## 3. What if they ask: “Why did you have to go?”

- a. Express the love in the choice to serve.
- b. I love you enough to serve our country so that it will be a safe place for you to grow up.
- c. I knew I would do everything I could to stay safe.
- d. My service will help our family in these ways...

## 4. What if they ask: “Why are you so angry?”

- a. In \_\_\_\_\_, keeping things under control was life or death, it is hard for me to get relaxed again even about the small stuff.
- b. I get [headaches] more easily now, noise bothers me a lot more. I hope this will get better and better.
- c. When people are in a war zone, everyone has to be a “first time listener.” Everyone knows to follow orders. So, it is frustrating that at home we say the same rules over and over and it seems like you only listen if I yell.

A PARENT CAN FIND THIS RESOURCE AT  
[www.homebaseprogram.org](http://www.homebaseprogram.org)



# WHEN BIG PROBLEMS EMERGE

## 1. VIOLENCE

- a. No one ever wants to hurt their spouse or child.
- b. No one ever feels good about doing it.
- c. When you love someone who has become abusive, you need to love them enough to get help.
- d. Safety is priority one.
- e. It is much easier to heal a relationship with your child and eventually get back together if it happens before someone is seriously injured.

## 2. SUBSTANCE ABUSE

- a. After being on high alert it makes sense that alcohol and drugs are a way to “turn off.”
- b. It is hard to have perspective when you are using.
- c. Ask your family for honest feedback.
- d. Make a contract with yourself to be substance-free for 2 months. Can you do it? What changes as you do this?
- e. Seek treatment for the problems that make drinking the solution, before the drinking becomes another problem.
- f. Drinking, drugging, depression, TBI (Traumatic Brain Injury) and PTSD (Post-Traumatic Stress Disorder) are often mixed together. Getting help can help you address the problems.

## 3. INJURY

- a. War injuries rarely remain “badges of honor” over time. Instead, injuries often become perpetual, painful reminders of traumatic events. The injured may, over time, feel frustrated when skills don’t return, resentful about this personal loss, angry at others who take for granted simple actions, and yet feel guilty for having such feelings.
- b. What is different because of the injury? Bodies may change, but people don’t always change.
- c. How do you describe the injury to others? Has the family constructed a narrative to make questions less uncomfortable?
- d. Are children a part of the solution to living with the injury? Do children have reasonable tasks or roles to help the family function amidst this change?
- e. What is the prognosis? Are family members encouraged to discuss the injury?
- f. Loss is associated with stages of denial, anger, bargaining, depression, and acceptance. These often occur at different times for different family members. Where are the family members in this process, and who is struggling most.

A PARENT CAN FIND THIS RESOURCE AT  
[www.homebaseprogram.org](http://www.homebaseprogram.org)



## WHEN BIG PROBLEMS EMERGE (continued)

### 4. POST TRAUMATIC STRESS DISORDER (PTSD)

- a. The Department of Defense estimates that nearly 20% of those who served in Iraq or Afghanistan develop PTSD. It is an injury that requires medical attention and treatment as much as any physical injury.
- b. If you are worried because your loved one has returned from theater and is having problems sleeping because of violent nightmares; is avoiding social situations because he or she is nervous, jumpy, agitated, or paranoid; is withdrawing from you and the kids; is on “high alert” all the time; and/or is reliving memories from combat, an evaluation with a doctor can help.
- c. Often, the person affected does not want to seek medical care, or has tried and been frustrated. Try to remember that many service members refuse to consider treatment because of pride and fears about the information interfering with advancement or job opportunities. Many of them eventually enter care because of wives, children, mothers, fathers, brothers, and sisters who persisted.
- d. Stay connected to your support network, read about PTSD and how it affects those who have served, and how it affects their families. The National Center for Post traumatic Stress Disorder website ([www.ptsd.va.gov](http://www.ptsd.va.gov)) has helpful information for family members. Informing yourself about this condition and the stresses associated with it is an invaluable coping strategy. Knowledge is a form of power. Consultation with a professional familiar with PTSD and its impact on families and supportive counseling for you and the children may be an additional, helpful coping strategy.

A PARENT CAN FIND THIS RESOURCE AT  
[www.homebaseprogram.org](http://www.homebaseprogram.org)



RED SOX  
FOUNDATION



VETERAN  
AND FAMILY CARE



MASSACHUSETTS  
GENERAL HOSPITAL

# TALKING TO CHILDREN ABOUT THE DEATH OF A PARENT

The fear that your loved one, whether husband, wife, mother, brother, sister, could die serving our country is ever present in the lives of military families. When that fear becomes a reality, you face not only your own grief, but your child's as well. You know your child best and will know how best to support him or her in this painful loss. There is no right or wrong way to grieve. Most important, as much as we wish we could, it is not possible to protect a child from experiencing the impact of this loss. What is possible is to support children as they mourn and heal. With your support and that of other caring adults, your child will have a future that is bright and fulfilled.

It may take time for you to feel able to talk with your child as you cope with your own grief. Allow other loving adults to help your child sort through the many feelings that come with such a loss. This may be another family member, close friend, teacher, or clergy member. A child may feel freer to voice all their worries to another adult who is not grieving as intensely as you are.

When you are ready to talk, be honest. Use simple, direct language appropriate to his or her age. It's okay not to have answers to all of his or her questions. To say you are sad, or confused by what happened and why it happened won't shake your child's confidence in your strength or ability to comfort and help them. You can let your child know you will think about what they are asking and "get back" to him/her. This models a valuable coping strategy and lets her know that you take her concerns seriously.

Your son or daughter may ask the same questions over and over. Try to be patient just as you were when she was practicing something new like walking. She is asking repeatedly because she is struggling with something hard to believe and to accept. If her asking comes at a bad time for you, it is okay to let her know that. Say you will find time a little later to talk. Suggesting that she talk with another loving adult in her life, such as a grandparent, is something else you might do.

A PARENT CAN FIND THIS RESOURCE AT  
[www.homebaseprogram.org](http://www.homebaseprogram.org)



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## TALKING TO CHILDREN ABOUT THE DEATH OF A PARENT (continued)

Particularly when a parent's death is sudden, a child can feel guilty and irrationally responsible for the death. Your son might say, "If I had told Daddy one more time that I loved him, he wouldn't be dead." Reassure him nothing he did or didn't do caused his father's death. For example, "Daddy died because of an explosion in Afghanistan, not because of anything you did. He never doubted you loved him, and was always proud and happy that you were his son and he was your dad."

While no child's loss is ever exactly like another's, reassurance can come from learning about how others have coped with a death in the family. For a younger child, previewing the Sesame Street videos, "When Families Grieve" and "Elmo and Jessie—Memory Box," then watching together those portions that you decide are best can comfort you both. With an older child, you might read a book together like [How It Feels When A Parent Dies](#) by Judith Krentz. In seeking other sources of support, you may want to explore The Tragedy Assistance Program for Survivors ([www.taps.org](http://www.taps.org)). Resources like these convey that you and your child are not alone at a time when it seems few truly understand what you are going through.

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# ANNOTATED RESOURCES FOR DEPLOYED MILITARY FAMILIES

## GENERAL RESOURCES

- [www.homebaseprogram.org](http://www.homebaseprogram.org) The Home Base Program is a partnership between the Rex Sox Foundation and the Massachusetts General Hospital established to serve the needs of OEF and OIF veterans and their families. The website describes resources and services for parents and children. Click on the “For Families” tab.
- [www.mcpap.org](http://www.mcpap.org) MCPAP, the Massachusetts Child Psychiatry Access Project has on their website a number of resources for parents who have questions about child behavioral and mental health. Click on the “Families” tab for information and resources on a wide range of issues in child development and behavioral health.
- [www.mghpact.org](http://www.mghpact.org) This is the website for the Marjorie E. Korft Parenting At A Challenging Time (PACT) Program at the Massachusetts General Hospital. It has a lengthy section “Resources for Military and Veteran Families” that directs you to helpful information in books, on websites, and on video.

## DEPLOYMENT CYCLE CHALLENGES

### **Coping with Change, Preparing for Deployment, & Homecoming Family Reunion**

(all available online at <http://www.sesameworkshop.org/initiatives/emotion/tlc>)

Sesame Street Workshop Videos on each of the 3 topics above targeted to children ages 3-10 and their parent(s).

**Veteran Parenting Toolkit: Together Building Strong Families** by M. Sherman, U. Bowling, J. Anderson, J. & K. Wyche. (<http://www.ouhsc.edu/VetParenting/>)

Five age-based parenting toolkits for Operation Enduring Freedom and Operation Iraqi Freedom veterans and their partners. For each of the five age groups (Infants, Toddlers, Pre-Schoolers, Elementary-aged, and Teenagers), the toolkit contains helpful information and guidance for military families about the following topics: Interesting facts, Development, Talking to your child about deployment, Reconnecting with your child after deployment, Strengthening your relationship with your child, Managing common behavioral challenges, Red flags for concern, Taking care of yourself as a parent, Re-connecting with your partner after deployment & communication tips for couples, and a Resource guide.

A PARENT CAN FIND THIS RESOURCE AT

[www.homebaseprogram.org](http://www.homebaseprogram.org)

# ANNOTATED RESOURCES FOR DEPLOYED MILITARY FAMILIES (continued)

**The New Emotional Cycle of Deployment** by J. Morse published in 2006 by the U.S. Department of Defense: Deployment Health and Family Readiness Library. (<http://www.hooah4health.com>)

This guide for partners of the deploying service member updates the previous 5-stage emotional cycle of deployment in response to the decreasing length of dwell time between deployments.

The new model describes the emotional challenges in 7 stages:

- Stage 1. Anticipation of Departure, e.g., “Stage 1 may begin again before a couple or Family has even had time to renegotiate a shared vision of who they are after the changes from the last deployment.”
- Stage 2. Detachment and Withdrawal, e.g., “Sadness and anger occur as couples attempt to protect themselves from the hurt of separation.”
- Stage 3. Emotional Disorganization, e.g., “... (s)he may also be experiencing “burn-out” fatigue from the last deployment, and feel overwhelmed at starting this stage again.”
- Stage 4. Recovery and Stabilization, e.g., “Here, spouses realize they are fundamentally resilient and able to cope with the deployment.”
- Stage 5. Anticipation of Return, e.g., “This is generally a happy and hectic time...”
- Stage 6. Return Adjustment and Renegotiation, e.g., “Couples and families must reset their expectations and renegotiate their roles during this stage.”
- Stage 7. Reintegration and Stabilization, e.g., “This stage can take up to 6 months...”

## BIGGER CHALLENGES

### PTSD

**When a Child’s Parent Has PTSD** ([www.ptsd.va.gov/public/pages/children-of-vets-adults-ptsd.asp](http://www.ptsd.va.gov/public/pages/children-of-vets-adults-ptsd.asp))

A three-page fact sheet from the National Center for PTSD that is organized around 4 questions, “How might a parent’s PTSD symptoms affect his or her children? “How do children respond?” “Can children get PTSD from their parents?” and “How can I help?”

**Courage After Fire: Coping Strategies for Troops Returning from Iraq and Afghanistan and Their Families** by K. Armstrong, S. Best & P. Domenici, published in 2006 by Ulysses Press, Berkeley, CA., pp. 239, \$14.95.

A PARENT CAN FIND THIS RESOURCE AT  
[www.homebaseprogram.org](http://www.homebaseprogram.org)

This book is written by three mental health professionals with years of experience working with soldiers and their families. It discusses the possible effects of combat duty, including post traumatic stress symptoms, anxiety, depression, and substance abuse. It addresses the issues of treatments, couple and family relationships, returning to the workforce, and re-establishing relationships with children.

## **Traumatic Brain Injury (TBI)**

### **Understanding the Impact of TBI on Military Families and Children**

*[www.centerforthestudyoftraumaticstress.org](http://www.centerforthestudyoftraumaticstress.org) Click on the “For Families” tab*

Parenting resource from the Center for the Study of Traumatic Stress (CSTS). It is organized into two parts. The first describes the impact of TBI on children such as “Increased acting out behaviors, disobedience, tantrums, or risk-taking behavior.” The second outlines a 7-point action plan to help children understand the parent’s injury, for example, “Share information with children about the injury in a way they can comprehend it.”

*BrainLine (<http://www.brainline.org>)*

A national multimedia project offering information and resources about preventing, treatment, and living with traumatic brain injury funded by the Defense and Veterans Brain Injury Center. Among the topics relevant to military families are Family Concerns, Military and Veterans, PTSD and Minimal Traumatic Brain Injury: Teasing Out the Difference for Treatment, Blast Injuries: Traumatic Brain Injuries from Explosion.

*Defense and Veterans Brain Injury Center ([www.dvbic.org](http://www.dvbic.org)).*

Click on the Families and Friends tab for a wide range of useful resources, including a fact sheet that defines TBI, its causes in the military, and its common physical, cognitive, and emotional symptoms.

## **Violence**

### **Children & Domestic Violence (<http://www.fvlc.org>)**

This document was written by the Family Violence Law Center, a program of Alameda County, CA. It explains five categories of effects of family violence on children: Emotional (e.g., become depressed), Perceptual (e.g., blame others for their own behavior), Behavioral (e.g. wet the bed or have nightmares), Social (e.g., be passive with peers or bully peers), and Physical (e.g., complain of headache or stomachache).

Fact Sheet on Child Discipline (<http://www.americanhumane.org/about-us/newsroom/fact-sheets/child-discipline.html>)

**A PARENT CAN FIND THIS RESOURCE AT**  
**[www.homebaseprogram.org](http://www.homebaseprogram.org)**

# ANNOTATED RESOURCES FOR DEPLOYED MILITARY FAMILIES (continued)

A clear, non-judgmental presentation of what discipline is, the uses of physical disciplines and its effects on children, positive discipline, and the parent as a role model.

## **Substance Abuse**

### **Talk Kit for Parents of Military Families**

<http://www.timetotalk.org/military/>

This resource was developed by the Partnership for a Drug-Free American (PDFA) and the National Association of School Nurses. Speaking to military parents of tweens and teens, it provides ideas on how to start the conversation about drugs and alcohol, conversation scripts, and tips for answering the tough question, “Did you do drugs?”

## **Physical Injury and Disability**

### **Communicating with Children about Parental Injury**

### **Tips for Talking with Children about Parental Injury**

(both at [www.centerforthestudyoftraumaticstress.org](http://www.centerforthestudyoftraumaticstress.org) Click on the “For Families” tab)

From the Center for the Study of Traumatic Stress’s “Resources for Recovery” series, these two guides provide concrete suggestions about when to tell children about a parent’s military injury, finding the right time to talk with children, preparing your children for the hospital visit, and helping your children communicate with others about the injury.

## **Death**

### **When Families Grieve and Elmo & Jessie—The Memory Box (<http://www.sesameworkshop.org/>)**

Two videos for parents of children ages 3-10 addressing a parent’s death during wartime.

Facts for Families (No. 8): Children and Grief

(<http://www.aacap.org>)

American Academy of Child and Adolescent Psychiatry’s brief overview of children’s reactions to the death of a family member, some ways family members can support a child through grief and mourning, as well as descriptions of reactions that may suggest the need for consultation with a professional such as your child’s pediatrician.

The Child’s Loss: Death, Grief, and Mourning by Bruce Perry, M.D., Ph.D. and Jane Rubenstein, M.Ed., LPC

([http://teacher.scholastic.com/professional/bruceperry/child\\_loss.html](http://teacher.scholastic.com/professional/bruceperry/child_loss.html))

These guidelines are for parents dealing with the traumatic death of a family member.

It addresses topics such as:

**A PARENT CAN FIND THIS RESOURCE AT**  
**[www.homebaseprogram.org](http://www.homebaseprogram.org)**

# DEALING WITH YOUR DAD'S OR MOM'S DEPLOYMENT

1. **Be Part of Family Decisions.** Discuss what concerns you with your family. Ask questions about what's on your mind, such as: What will you be doing? How long will you be away? How will you be safe? Talk over the best ways to communicate with your mom or dad. Will it be on skype? By email? By phone? How often can you expect to receive a call? Share your ideas about how to take care of the added responsibilities around the house when your mom or dad is deployed.
2. **Create shared memories.** Create special family time in preparation for the deployment. Taking photographs, making videos, and creating shared memories helps everyone cope better with a parent's deployment.
3. **Develop a Plan for Questions You Have.** Ask only when you're ready to discuss a topic. It's okay to say you don't feel comfortable talking about something even if an adult like a teacher is asking you to. Some things may not make sense. It's okay to say, "I don't understand," and to ask more questions until things make more sense, and it's okay to ask others if something troubles you.
4. **Keep A Personal Deployment Record.** You'll want your mom or dad to know about the important events that happened when he or she was gone. Keeping a journal or a photographic record are both good ways to be able to fill your parent in. Tossing items like a school report, game tickets, and sports recognitions you earn into a box while your parent is away is another way to do this. Some kids write important things to share on a calendar. It's a chronological record and also counts down the days until your dad returns. You probably have a few good ideas of your own. Even more than you want to tell him, your dad will want to know about everything that happened in your life at home while he was deployed.
5. **Don't worry alone.** If you overhear something upsetting or a specific piece of news about the war, ask your mom or dad or another adult you trust about it. News learned by accident is often confusing and inaccurate, so direct communication may help clarify what's really going on.
6. **Maintain Healthy Routines.** Try to maintain your usual schedule. This includes school, hanging out with friends, homework, extracurricular activities, and household responsibilities. Keep good friends in your life. With your parents' help, decide who you can go to if you're ever having a hard time and your dad or mom isn't available.

A CHILD OR YOUTH PATIENT WILL FIND THIS RESOURCE AT  
[www.homebaseprogram.org](http://www.homebaseprogram.org)

## DEALING WITH YOUR DAD'S OR MOM'S DEPLOYMENT (continued)

7. **Let Other Adults Care for You.** Parents need to be mindful of their own well-being and do things healthy for them. This doesn't mean they are forgetting about you or neglecting what's important. Tell your parents what you need, but also realize they may need time to recharge. Rely on your support network of family members, friends, ministers, friends, and others who can help.
  
8. **Be Proud of Yourself.** You will accomplish a lot and mature a lot while your parent is deployed. You will have gone through a lot of difficult feelings and accepted more responsibility. When he or she returns, it might take some time for him or her to realize how much you've grown up and "catch up" to where you are now. This can lead to conflicts or arguments. This is a normal part of everyone getting re-acquainted. It is important to talk about the moments when you feel misunderstood and why you do rather than getting upset, withdrawing, and not communicating. You worked hard to get through your parent's deployment. If you use the maturity you've gained while he or she was away to talk through any bumps in the road once you are all together again, you'll have even more reason to feel proud of yourself and will make your mom or dad prouder, too.

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[www.homebaseprogram.org](http://www.homebaseprogram.org)

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