

SUPPORTING YOUNG CHILDREN



COMBAT STRESS

INJURIES OF WAR





Overview:

Invisible Injuries of War

You may be a spouse wondering why your Service member is having a hard time adjusting to being home. If you are a Service member, you may not be feeling like yourself and not know why. The answer may be an invisible injury of war—a stress injury.

Simply put, combat/operational stress injuries are subtle physical changes in the brain. They occur when stress is too intense or lasts too long. These injuries affect the brain's ability to handle and adapt to stress, sights, sounds, movements, and memories. Stress injuries are true physical injuries. Sometimes people doubt they exist. Why? There is no outward evidence of injury other than changes in behavior. They're not a result of weakness. Even the strongest Service members can suffer stress injuries.

Being in combat isn't a prerequisite to experiencing a stress injury. Stress injuries can be caused by a traumatic event (or events) or the build up of low-level stress over time.

No one suffers stress injuries alone. Adult family members may be frightened or unsure of what to do when faced with personality changes and unusual behavior of their Service member.

Your baby or toddler can sense the tension in the air. When you are upset, on edge, or just plain exhausted, it can be hard to give her the hugs, cuddles, and time to play and laugh together that help her feel loved and safe.

In this brochure, you will learn more about combat/operational stress injuries and steps you can take to help heal them. You will discover that there are people and organizations ready to support you. You will see how, by taking care of yourself and your spouse, you can take better care of your young child. Choose an idea or two to support your child, your family, and yourself.

Combat impacts every Soldier mentally and emotionally . . . and often leads to lasting adverse effects . . .

Combat stress reactions should be viewed as combat injuries.

—Walter Reed Army Institute of Research Land
Combat Study Team (2006)

WHAT YOU MAY EXPERIENCE AND FEEL

To support your child, begin by trying to understand your experiences and feelings.

It is normal to feel stress in a war zone. However, when stress becomes too severe or long lasting, it can cause stress injuries.

Combat/Operational Stress Injuries

A stress injury is no one's fault. It is not a sign of weakness. Like other injuries, stress injuries often require treatment, time, and the support of family and friends to heal.

There are three types of stress injuries:

- **Traumatic stress injuries** are caused by events involving terror, horror, or helplessness.
- **Operational fatigue injuries.** These injuries are due to the wear and tear as small stressors build up over time (or after repeated deployments) such as hardships, monotony, and not enough rest and recuperation. Everyone will experience these if stressed long enough.
- **Grief injuries** are due to loss.

Symptoms may include: difficulty sleeping, finding it hard to calm down, being jumpy or easily startled, troubling memories, panic attacks, rage outbursts, feeling shocked and numb, thinking constantly about someone who died, feeling guilt over someone's death, sadness, and loss of interest in life. Other reactions can include risky and dangerous behavior, alcohol and/or drug abuse, and violence.

Each of these symptoms can be a natural response to combat stress that lasts a few days to a few weeks. However, when they are severe, are lasting, and interfere with everyday activities, the help of a professional is needed.

It is hard to know who will suffer from a stress injury or what the symptoms will be. These injuries can show up weeks or even months after homecoming. Often they are first noticed by a family member or friend.

Symptoms may lead to problems at school, work, or in other daily activities. Concentrating may be difficult. For some Service members, "battlemind"—the combat behaviors and reactions that helped them survive, such as combat alertness and anger—cause problems when they are not adapted for life at home.

Stress injuries can lead to tension between spouses. Some Service members may be comfortable talking about what they are feeling. Others may withdraw and seek out the company of buddies who shared similar experiences, leaving their partners feeling rejected and hurt. The spouse who tries to hold everything together may experience "compassion fatigue," the stress associated with caring too much.



WHAT YOUR CHILD MAY EXPERIENCE AND FEEL

Next, try to understand what your child experiences and feels.

Your baby or toddler relies on you to meet his basic needs for food, nurturing, and love. He needs you to help him understand his world and to handle the ups and downs of everyday life.

As you meet her needs day after day, she builds the trust and confidence she needs to explore, discover, and learn about her world and her place in it. She is curious and takes pleasure in life.

When you are living with a stress injury, you may find yourself on automatic pilot while feeding, bathing, dressing, and keeping your child safe. You are there physically but not emotionally. The smiles, silly songs and games, laughter, and joy that you usually share together

Behaviors You Might See in Your Child

Watching your child from the outside can help you understand what she is experiencing on the inside. Here are some ways your child may be saying, "This is a hard time for me":

- Increased clinging, crying, and whining
- Increase in aggressive behavior
- Withdrawal
- Changes in sleeping and eating patterns
- Easily frustrated and harder to comfort
- A return to earlier behaviors, such as waking up at night, toileting accidents, and thumb sucking
- Increase of attention-getting behaviors, both positive and negative

are gone. It's even possible that things may get to the point of your not being able to take care of his basic needs, a definite sign that outside help is needed.

Depending on her personal style, your child may withdraw, fuss, or cling more than usual while looking for reassurance. She may go back to old behaviors such as sucking her thumb or forgetting to use the potty. These are all ways she is saying, "I am having a hard time. I need you to be here for me."

SUPPORTING YOUR CHILD

Finally, use what you have learned to decide how best to respond.

Here are ways in which you can support your child:

Take Care of Yourself

Because you are so important to her well-being, take steps to heal the stress injury:

Know When and Where to Get Help

Sometimes Service members and spouses try to ignore or hide stress injuries, hoping that they will just go away—and sometimes they do. However, when reactions to stress do not improve, it is possible that a Service member could endanger himself and/or those around him. Symptoms that continue may develop into posttraumatic stress disorder (PTSD). Professional treatment can help—the sooner, the better.

"Getting the Help You Need to Recover Your Emotional Health" is an article found on Military OneSource that you both may want to read (see Resources for Families). It suggests that Service members ask themselves the following questions to decide whether help is needed. These questions can also be adapted and used by family members and buddies:

- Am I feeling worse—or not any better—as time passes?
- Am I unable to do my job in the way I know it needs to be done?
- Is my family suffering because of the way I am acting?
- Am I drinking more alcohol than usual?
- Am I using drugs?
- Am I having trouble sleeping, or am I wanting to sleep too much?
- Have I had these problems for more than a few weeks?



Sources of Information and Assistance

There are many resources available for Service members and their families. These include services provided by the military and those found in civilian communities:

Military services include:

- Military Medical Treatment Facilities. Most military hospitals and clinics have mental health providers trained to treat stress injuries.
- Military OneSource. Call Stateside: 1-800-342-9647, Overseas: 1-800-3429-6477, or Overseas Collect: 1-484-530-5908 anytime or go to <http://www.militaryonesource.com>
- Tricare. For information on Tricare mental health benefits, families can call their regional office or visit <http://www.tricare.osd.mil>
- Chaplains offer confidential counseling and specific programs such as the Warrior Transition Program: <http://www.usmc-mccs.org/MCFTB/warriortransition.asp>
- The Defense Link Deployment Health Support website <http://www.deploymentlink.osd.mil> lists service-specific counseling services.
- Department of Veterans Affairs (VA) Services. Service members returning home from deployment are eligible for cost-free health care and readjustment services through the VA Department for any conditions related to combat service for 2 years following active duty. After 2 years, services are still available for a co-pay based on income. National Guard and Reserves are eligible and can enroll for these services online at <http://www1.va.gov/health/>
- Veterans' centers in 207 communities around the United States offer readjustment and mental health counseling and provide veterans and their families with resources for the experiences associated with post-deployment. Services are available to active duty veterans as well. Go to <http://www.va.gov/rcs/>

Remember—Stress Injuries Can Be Treated

Although things are difficult now, don't give up hope. There are treatments that are effective. Most counselors will use more than one approach. These include the following:

- Learning about the range of "normal" responses to stress and how recovery from stress injuries takes place.
- Help in developing coping skills or methods to help the Service member manage day by day (e.g., to relax, communicate, and handle anger).
- Therapeutic talking, in which a Service member tells about her experiences over time in a safe place with a trained professional. Often this kind of talking will help make memories less painful and frightening.
- Medication therapy that can work together with education and counseling.

Team Up to Overcome Obstacles to Seeking Treatment

Many returning Service members worry that getting help is a sign of weakness that can hurt their image or affect their career. Spouses may be concerned about this, too. Explore your options. Points to keep in mind include:

- A friend or professional can sometimes be easier to talk with than a family member.

Community services include:

- Community mental health centers. Your state's office is listed at <http://www.ncd.gov/mental.htm>
- The United Way. You can find out about possible information and services in your state by going to <http://www.211.org>
- The American Red Cross. Local chapters are listed at <http://www.redcross.org>
- Local religious organizations.
- Local social service agencies.

- Effective treatments do exist, and early treatment can prevent problems from getting worse.
- Getting support is good for everyone in your family.

It takes courage to ask for mental health support.
 —Walter Reed Army Institute of Research Land
 Combat Study Team (2006)

Interacting Day by Day With Your Child

If you are a Service member:

- Give yourself time. Stress injuries make it more difficult to adjust to being at home and parenting. Be patient with yourself.
- Walk away if you feel you are losing control. Take a “time out.” If you blow up at family members (or friends), talk with them about it as soon as you can. Let them know how hard you are working to cope.
- Do small things to show your child that you love her. If you find it hard to take pleasure in your child, this may be a common reaction to trauma. Watch her play, sit nearby when she eats, let her sit on your lap, tell her you love her. Try to join your child in some activities he enjoys. This may spark some feelings of pleasure.



If you are a spouse:

- Give your Service member time before handing over child care responsibilities. Although you may be eager for a break from handling everything on the home front, hang in a little longer. Your presence will make reuniting easier for your child, and give your Service member time to get used to being at home and being a parent again.

- Watch for signs that your child’s behavior may be upsetting your Service member. Even in the best of times, young children stir up deep feelings. A child’s clinging or calling “Mommy” repeatedly might feel extremely demanding to a parent who is shutting down emotionally. A child’s crying or sudden move to chase the cat can lead to an overreaction by a parent who is not sleeping well or easily startled.
- If at any time you think you or your child may be in danger, take your child and leave your home immediately. Contact the Family Advocacy Program (FAP) on your installation for information and resources to support you and your family.

To do together as a family:

- Stick to your family’s daily routines the best you can. This gives your child structure and the sense of confidence and competence that comes with knowing what to expect. It will be comforting for all of you to have some predictability in your life as you face the challenges of stress injuries.
- Spend time doing quiet, familiar, calm activities including snuggling and reading together, talking, going for a walk, drawing, working on a puzzle, and building with blocks. Coping with stress injuries can be tiring for all of you.
- If your child is in child care, share information about what is going on at home with his caregiver. This way, a caregiver can plan activities and help your child feel secure.
- Enlist the support of family members and friends your child knows and trusts. Invite them to spend time with your family. They can be a fresh supply of energy, patience, and humor when yours is running on empty. They may be able to give both of you time you need for yourselves or to be together.
- Have a plan in place to give your Service member a needed break. For example, you might arrange a signal or cue when the Service member is feeling overwhelmed or needs to be away from the child(ren). You can have a plan in place so that when

you see the signal, you take your child(ren) into the backyard to play with you or over to their neighbor's, or your spouse may go downstairs or to see a buddy.

- If your child's behavior changes dramatically or reverts and remains at an earlier stage, talk with your pediatrician or mental health provider.
- Be kind to yourself—and to each other. You are going through a difficult time. Remind yourselves that you are doing the best you can. Put some flowers on the dining table, add a package of your spouse's favorite snack to the shopping list, share a smile or a hug. Taking care of yourself and each other is one of the best ways you can take care of your baby or toddler. (For more about this, see the brochure *Taking Care Of Yourself*.)

Remember the Wonder of the Everyday

When you are dealing with a stress injury, even the smallest effort can feel like too much. It may help for you to remember that simple everyday activities are fun and interesting learning experiences for your child. They become even more so when you do them with him. So try to join in, even if that means watching him as he pulls herself up on the coffee table and cruises around the living room, fills and dumps cups of water in the bathtub, puts on a dress-up hat and makes faces in the mirror, smells a flower in the park, chases a squirrel, climbs up and rides down the slide, digs in the sandbox, and cuddles next to you to "read" you a story. These everyday moments with you will help your child feel safe and loved during a challenging time. It may help you feel better too.

What do you think?

- What is a quiet, calm activity that your child enjoys?

The Little Things You Say and Do Can Make a Big Difference—In a Child's Words

Understanding what your child may be experiencing can help you see how much you are doing each and every day to support her:

When you . . .	You help me . . .
Maintain a regular routine	Feel secure because I know what to expect.
Stay patient and calm when I am upset and clingy	Trust that I can tell you what I feel. Feel in control again and safe.
Give me some extra hugs and cuddles	Know I am loved and safe.
Tell me what is happening in simple words ("Daddy will play with you later. Now he is feeling too sad to play.")	Understand what is happening. Know we can talk about anything.
Give me words for feelings ("Did it scare you when you heard Mommy yelling? Sometimes people yell when they are angry. She's going to take a walk to help her feel better. Then she'll come back and read the story with us.")	Learn that feelings can be talked about and shared.
Give me stuffed animals, dolls, puppets, and/or simple dress-ups, and play pretend with me	Explore my feelings in my play.
Give me play dough to roll and pound; let me play with water in the bathtub or in the sandbox; offer me crayons and markers to draw with.	Explore my feelings in my play.
Set clear limits (e.g., "No climbing on the dining table" and "Outside is the place to throw balls"), knowing that I may need reminders to follow them	Help me feel safe because I can count on you when I need help to remember our rules.
Help me be successful (e.g., by giving me a safe place to practice sitting up, putting a stool by the bathroom sink so I can wash my hands before meals, and letting me choose between the blue shirt and green one when I get dressed in the morning)	Feel confident and competent—beginning steps in learning that I can cope with difficult times.

Resources for Families

MilitaryHOMEFRONT: www.militaryhomefront.dod.mil is the official Department of Defense Website for reliable quality of life information designed to help troops and their families, leaders, and service providers.

Military OneSource: www.militaryonesource.com is available 24/7 to connect families with services including including car repair, money management, child care, spouse employment, plumbing, counseling, and relocation. Or call 1-800-342-9647.

Mental Health Self-Assessment Program: <http://www.militarymentalhealth.com> is an online, completely anonymous, and voluntary self-assessment tool. It is not designed to provide a diagnosis; rather it provides information about your symptoms and concerns and guidance as to where you may seek assistance.

ZERO TO THREE: www.zerotothree.org offers a wealth of information on the social, emotional, and intellectual development of babies and toddlers. The military webpage supports military professionals and parents with postings of monthly articles, information, and events at www.zerotothree.org/military

References

This brochure is based in part on information and insights from the following works:

Ceridian Corporation. (2004). *Dealing with combat and operational stress*. Retrieved August 31, 2006, from www.militaryonesource.com

Ceridian Corporation. (2004). *Getting the help you need to recover your emotional health*. Retrieved August 30, 2006, from www.militaryonesource.com

National Center for PTSD. (2005). *Returning from the war zone: A guide for military personnel*. Retrieved June 6, 2006 from <http://www.ncptsd.va.gov/war/guide/GuideforMilitary.pdf>

Operational Stress Injury Social Support. (2006). *Compassion fatigue*. Retrieved September 4, 2006, from http://www.osiss.ca/engraph/life_e.asp?topic=compassion&sidecat=2

Operational Stress Injury Social Support. (2006). *Things that help*. Retrieved September 4, 2006, from http://www.osiss.ca/engraph/how_e.asp?sidecat=1&txt=3

Operational Stress Injury Social Support. (2006). *What are operational stress injuries?* Retrieved August 30, 2006, from http://www.osiss.ca/engraph/what_e.asp?sidecat=1&txt=2

Rice, K. F., & Groves, B. M. (2005). *Hope and healing: A caregiver's guide to helping young children affected by trauma*. Washington, DC: ZERO TO THREE.

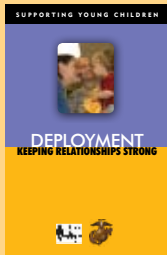
Walter Reed Army Institute of Research. (2006). *Battlemind training*. Retrieved August 28, 2006, from www.battlemind.org

Walter Reed Army Institute of Research Land Combat Study Team. (2006). *10 tough facts about combat*. Retrieved September 5, 2006, from http://www.battlemind.org/documents/WRAIR_10%20Tough%20Facts%20About%20Combat%20Brochure.pdf

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