

Honoring Our Babies & Toddlers

Supporting young children affected by
A MILITARY PARENT'S
DEPLOYMENT, INJURY OR DEATH

A GUIDE FOR CARING PROFESSIONALS



COMING TOGETHER AROUND MILITARY FAMILIES®



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Honoring Our Babies and Toddlers:

Supporting young children affected by a
military parent's deployment, injury, or death

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Note to the Reader

Military service is not just a profession—it is a vocation, a voluntary commitment that carries a high price for both the Service member and his or her family. —Barbara A. Thompson, Director, Office of Family Policy

The military families with whom you work are experiencing significant challenges. These include multiple and extended deployments, injuries to body and mind, and loss of a Service member. At the same time, the development of their babies and toddlers moves forward.

Many people believe babies and toddlers are “too little” to understand what’s going on around them. The reality is, they are “amazingly tuned into the behaviors and emotions shown by the significant caregivers in their lives, including parents, grandparents, relatives, teachers, and other adults” (Osofsky, 2007, p. 4). Although they may not understand the details, they know and are affected by stressful family events.

“Researchers are just beginning to explore and understand the emotional consequences of ongoing stressors experienced by infants and toddlers whose parents are in the military” (Thompson, 2005, p. 49). What they do know is that children’s early development depends greatly on the health and well-being of their parents. Warm and responsive relationships can buffer babies and toddlers from the effects of stress (National Research Council and Institute of Medicine, 2000).

“Children do best when the adult caregivers in their lives are able to provide consistent routines, sensitivity to emotional needs, and warm and nurturing environments. To do so, these adults must get the social, emotional, and practical support they need to be fully present and available to meet their children’s needs.” (Fraga, 2007, p. 5).

Military parents have a wide array of strengths and skills and want the best for their children. However, corrosive stress, the experience of combat, and injuries (visible and invisible) can make it difficult for parents to function as they did before. Service members and spouses may feel overwhelmed or distracted. A parent may become depressed—unable to access feelings of competence or hope. Family life may become disorganized.

All these are natural responses to difficult situations. However, these changes can disrupt family relationships and a baby or toddler’s sense of safety, security, and self.

For children under age 3, whose brains are literally being wired cognitively and emotionally, early relationships with parents and other caregivers are laying the foundation for the future. This is where you come in.

You may provide child care, health care, mental health services, or family support. This guide will support you in building respectful, responsive relationships with family members.

As you will see, the little things you say and do matter. When you genuinely listen, family members are less alone. When you reflect back their strengths, there is hope. When you play a game of peek-a-boo or sing a silly song with a child, you remind families (and yourself) of the joy babies and toddlers feel and give. As you build trust with family members, they are more likely to get the support and information they need to be more available to their babies and toddlers. The positive cycle continues.

Using This Guide

We know that you are busy. In response, we have designed this guide to make it easy for you to use. Charts and boxes provide helpful information at a glance.

Part One: *Working With Military Families in a Wartime Environment* addresses your challenges to supporting families in extraordinary times. We focus on you and what you bring to your work with families. Why? Because you are your most valuable resource. Being aware of the beliefs, values, and practices you bring to your work allows you to be even more purposeful and effective.

Part Two: *Situations That Families and Their Babies and Toddlers May Be Experiencing* includes charts that show a young child’s perspective of multiple and extended deployment, severe injury, and the loss of a parent. You can use these tools to help families notice and respond to their child’s emotional signals.

Part Three: *Creating Respectful, Responsive Relationships With Families, Supporting Babies and Toddlers* explores five key relationship-building strategies:

- Maintain the focus on babies and toddlers.
- Be aware of the impact that you have on families and that they have on you.
- Recognize and respond to signs that support is needed by an adult or child.
- Take time to enjoy a baby or toddler.
- Take care of yourself.

We hope that you’ll find this guide to be an encouraging hand on your shoulder—a conversation starter with families and colleagues. Some of the content may be familiar. Accept it as an affirmation of your knowledge and skills. Some content may be new. Please make it yours.

We honor and thank you for your important work.





Part I:

Working With Military Families in a Wartime Environment

Service members—and their families—serve our country and do so with honor and pride. It's not easy—especially in wartime. But we have a commitment to our country. And we'll do our duty even when it means sacrifice. —Spouse

You may be working on a military installation. Or perhaps you are working with the only military family in your community.

If you are new to working with military families, you will be entering a culture with its own language, values, traditions, and history. Maintaining a mindset of openness and respect will allow you to be responsive and effective. This is true even if you have years of experience or are a member of a military family. Every family has its own culture, history, and blend of strengths and needs.



National Guard and Reserve Families

More than 450,000 men and women serve in the National Guard and somewhat fewer in the Reserves. Roughly half a million of them have served in Iraq or Afghanistan (“The State of the Forces,” 2008). To identify Guard and Reserve families, ask every family you support, “Are you experiencing deployment?”

These troops and their families face many of the same stressors as active-duty Service members and families. They also face a set of unique stressors. For many families, these include:

- Isolation. A family may be the only one on their street or in their community that has a family member deployed. Civilian child care providers, pediatricians, and other family support professionals may be unaware of the family’s service or the stressors and needs of military families.
- Transition from the civilian workplace to working full time in the military and back again. This may mean a change of income that is reversed when the Service member returns to his or her civilian job.
- The potential that long-term, unpredictable deployments can weaken the relationship between the Service member and his or her employer (U.S. Chamber of Commerce, 2009).
- Change of health care providers. Service members and their families are eligible for military health care coverage provided by TRICARE. They may lose the insurance they had with their civilian employer and then have to find a new doctor(s) for family members, including a pediatrician for young children when their Service member returns home and to work.

When There Are No Quick and Easy Answers

Have you ever tried to find *the* answer for a family? Have you found yourself upset that a family didn’t follow through on *your* recommendations? It’s a natural response. You want to ease the family’s pain—and yours too—as quickly as possible. This can be especially true if you have experienced or are facing similar challenges.

You have many resources to offer families. Sometimes your information will be just what families need and they will act upon it. Other times, it isn’t so simple. Families may be too overwhelmed to hear what you are saying or to integrate a new action or plan into their daily lives.

By building trusting relationships, you can help families tap into their own inner resources and discover answers that work for them and their children. It’s as if your relationship “holds” a family so that family members in turn can “hold” their baby or toddler.

What You Bring to Your Practice

Staying open-minded and thoughtful will help you better understand families and help you build more useful and productive relationships.
—Family support specialist

I am from a military family and have lots in common with many parents in our program. But I always remind myself every parent, child, and family is unique. —Infant/toddler teacher

The little things you say and do every day can make a big difference in the lives of parents and children. Your response shapes how they see themselves and each other.

Your beliefs, assumptions, and experiences can color your view of families and your response. Being aware of what you bring to your practice will allow you to see parents and children as individuals and respond to them more sensitively and effectively. This requires ongoing reflection. Here are some questions to get you started:

- What are your feelings about war? How might they shape your view of military families?
- Have you had personal experiences with trauma, grief, or loss? How might your

experiences shape your understanding and expectations of families?

- What do you believe is the impact of a combat experience on a Service member? As a military chaplain explains, “Don’t assume that if someone was in combat, they are damaged. For some people, combat is a growth experience.”
- Do you think that the experience of trauma does long-term harm to families, or do you think that families are resilient? Most likely, the truth lies somewhere in the middle (Cozza & Lieberman, 2007).





Part II:

Situations That Families and Their Babies and Toddlers May Be Experiencing

In this section, we focus on three specific challenges that military families face in time of war:

- Multiple and extended combat deployments
- Injury—visible and invisible—to a Service member
- Death of a Service member

Although we present each situation separately, in many cases, one situation may overlay another and maybe a third, adding layers of complexity, challenge, and stress to families' lives.

For each situation, you will find a chart in a child's voice that:

- Identifies typical behaviors;
- Explains what those behaviors may be saying about a child's feelings and needs; and
- Offers concrete suggestions for supportive responses.

Multiple and Extended Combat Deployments

Even for the most experienced and competent parents, deployments and reunification can “throw family members off balance,” interfering with their sense of emotional equilibrium (Williams & Rose, 2007, p. 13).

We explained many times to our daughter that Daddy was going to Afghanistan. A few weeks after he left, we drove past a field where a calf was nursing. We talked about the mommy and baby cow. She asked about the calf’s daddy. “He’s in Afghanistan,” she said. —A spouse

When I came home, my son asked me, “Why did you go for so long?” I told him, “I was helping children in other places... children who don’t have toys and shoes like you.” —Service member

Overview

Deployment is often described as an emotional cycle that begins with predeployment and ends with the Service member’s return and reintegration. (see box on opposite page)

Supporting Families With Deployment

The first time my husband was deployed, I had only 20 days to prepare our family for our whole world to change. —A spouse



Recommendations from families surveyed in the NMFAs Report on the Cycles of Deployment (2006b) include the following:

- Help a family to be realistic in their expectations of themselves and of each other.
- Provide families with information about what they can expect before, during, and after deployment, recognizing that every child’s response may be different on the basis of age, stage, and temperament.
- Offer ongoing discussions and support to families with regard to return and reunion challenges.
- Avoid assuming that families—even those with experience—have the information and support they need.

To this we add:

- Ask every family you work with: “Are you experiencing deployment?” This will help you identify National Guard and Reserve families and others who may live away from a military base.
- Ask “How are things going?” Invite families to share where they see themselves in the deployment process. This will give you context to better understand issues they face.

Cycles of Deployment

Pincus, House, Christenson, and Adler (2001) developed *The Emotional Cycle of Deployment: A Military Family Perspective* (for more information, see www.hooah4health.com/deployment/familymatters/emotionalcycle.htm).

Building on their work, Morse (2006) divided stages differently and introduced new language to reflect the back-to-back deployments that military families face today (for more information, see www.hooah4health.com/deployment/familymatters/emotionalcyclesupport.htm).

As these models reveal, each stage has its own challenges and opportunities for families and your relationship with them.

Today, many families describe deployment as a “spiral.” This image captures the experience of having no time to get back to where they started before facing the next separation. As one mother explains, “I’m excited about seeing him and already feeling the grief of watching him leave again.” Many parents report increased fatigue and concerns about children and family relationships as Service members return home knowing they will soon be leaving again (National Military Family Association [NMFA], 2006b).

The NMFA (2004) found that families worry about homecoming even as they worry about their Service member’s safety in the war zone. Here are some factors that can make this an especially challenging time for families of babies and toddlers:

- **The transition from warrior to parent takes time.** According to BattleMind (www.battlemind.org), behaviors and a mindset needed to survive in combat (for example, aggression, hypervigilance, and fast and evasive driving) can be difficult to turn off. They can threaten a family’s safety (Walter Reed Army Institute of Research, n.d.).
- **Babies are born while Service members are away.** Service members may return home to a child (or children) they have never met. As one mom explained:

“I was really nervous. I hadn’t seen my husband for 5 months. And he was meeting our babies, born prematurely. Apnea monitors were going off when one of them stopped breathing. My mom and I had such a good system taking care of them. I was worried he wouldn’t know what to do. But he did really good. Just jumped right in there.”

- **Children under age 3 change dramatically during the length of a deployment.** The cooing baby a Service member kissed “goodbye” may now be a walking, talking, “no”-saying toddler who doesn’t want to be hugged. As one father said, “Between training and deployment, I missed a whole year of my daughter’s life. She’s a totally different kid than when I left. It will take us a little time to catch up with each other.”
- **Children react differently to adults they haven’t seen for a while depending on their developmental stage.** Understanding typical development may help families understand and respond to children’s behavior that otherwise may be confusing and upsetting. For example:

Stranger anxiety. Beginning around 7–9 months children start to know who is who in their lives. Many may be wary, curious, even fearful around new people, including family members they haven’t seen for a while.

Separation anxiety. Usually beginning around 8 months, children understand that people exist even when out of sight. They don’t understand about time and don’t know if and when someone will return. They may protest and refuse to leave the arms of a familiar adult. This can help explain why a child might cling to the parent who has been home and seem to reject the Service member who just returned.

Supporting Babies and Toddlers

Children who are separated from a parent... can have grief reactions... that disrupt their feelings of safety, security, and comfort (Rice & Groves, 2005, p. 28).

Young children can be remarkably resilient, particularly when the adults in their lives provide safety, security, and a sense of routine and predictability (Fraga, 2007, p. 5).

Use this chart to think with families about what their child may feel or need and how they might respond. (Please note: This chart looks at possible meanings of a child's behavior.)

Before Deployment... in a Child's Words:

When I...	I may be saying...	How you can support me
Look sad or withdraw, am more clingy than usual, or revert to old behaviors like wetting my bed	I feel tension. Something is going on.	<p>Offer me simple, clear words for what is happening: "We are getting Daddy ready to go to Iraq."</p> <p>Offer me a hug. Let's read a book or play together.</p> <p>Can you arrange for us to spend some family time together? I'd like that.</p> <p>If my behavior concerns you, talk to my doctor or a professional you trust.</p>
Watch you pack or ask where Mommy is going	I'm trying to understand what's going on and feel a little in control of my life.	Invite me to help do something like put Mommy's toothbrush in her bag or draw a picture for her to take.

During Deployment:

When I...	I may be saying...	How you can support me
Look sad or withdraw	I miss Mommy. It's hard dealing with all these changes.	<p>Offer me simple, clear words for what I may be feeling: You look sad. Are you missing Mommy?</p> <p>Offer me a hug. Let's sit together in the rocking chair.</p> <p>Show me something interesting to see or do.</p>

When I...	I may be saying...	How you can support me
Look sad or withdraw	I miss Mommy. It's hard dealing with all these changes.	<p>Turn off the TV news. Ask people not to talk about the war and other scary things around me.</p> <p>If you feel concerned that I seem "flat" or show no emotion, talk to my doctor.</p>
Do things that you don't understand, like pushing you away and then crying for you	<p>I miss my parent who is away, and I worry that you will leave me too.</p> <p>I worry that my parent left because she was upset with me.</p>	<p>Give me reassurance that my parent is thinking of me and wants to be with me.</p> <p>Tell me stories of things we used to do together.</p> <p>Show me photos of us together.</p>
Cling, kick, scream when you (the at-home parent) say "goodbye" —even if it's only for an hour and I'm with someone I know and like	I need you. I depend on you. I'm afraid you are going to disappear for a long time, too.	<p>Give me a little warning, then tell me when you are going away. Yes, I may cry, but I'm learning that I can trust you not to abandon me.</p> <p>Leave me with someone I know and trust.</p> <p>Reassure me that you will come back just like you always do.</p> <p>If possible, tell me when you're coming back in a way I can understand, such as, "I'm going to be back after your nap."</p> <p>Give me a reminder of you to hold—a photo of us, your T-shirt or cap, a note.</p>
Insist on carrying or sleeping with Daddy's T-shirt (or hat or photo)	This smells like Daddy. It helps me feel safe and close to him.	<p>Keep connections strong at home:</p> <p>"Bathe" me in the memories and feelings of my active-duty parent. Photographs, stories, tape recordings, a message box with messages, a family journal, and letters can help.</p> <p>Create a daily ritual to celebrate my parent who is away. For example, we can say goodnight and kiss a picture of him at bedtime.</p>

When I...	I may be saying...	How you can support me
		<p>Repeat the message, “Your Daddy (or Mommy) loves you,” even if I don’t understand the words. One day I will. Hearing these words is comforting.</p> <p>Keep connections strong when you are away:</p> <p>Carry me with you in your heart and thoughts. When you feel it’s the right time, remember things we did together</p> <ul style="list-style-type: none"> ○ Tell stories about me ○ Dream about what we will do together when you get home ○ Show a friend my picture <p>Keep in touch with the latest news about what I’m doing during phone calls and on e-mail.</p> <p>Send me letters or drawings. I can enjoy them now and when I am older.</p>
Hit or bite you—or another child	Sometimes I’m angry, or I have so many feelings inside and no words for them that I lose control.	<p>Stop me firmly and gently. Tell me “It’s not OK to hit or bite.” Remind me it hurts. Never bite me back!</p> <p>Show me what I <i>can</i> do when I get angry or frustrated. Help me to name my feelings.</p> <p>Remember, I will need lots of help and time to learn self-control.</p>
Go back to earlier behaviors like crying for my bottle, sucking my thumb, or wetting my pants	All these changes are hard for me.	Try to be patient with me. I’m doing what I need to do while I adjust to big changes in our life. If my behavior starts to worry you, talk it over with my doctor or a professional you trust.

When I...	I may be saying...	How you can support me
Insist on listening to the tape of Mommy reading me a story, then don’t want to the next day	Sometimes I need a break from thinking about the separation. And I have other things to think about and do.	Understand that my need for “staying-connected” activities may change from day to day. This doesn’t mean I love and miss my parent any less! Try again tomorrow if the time feels right.
Giggle, laugh, play like always	There’s so much for me to see and do and learn and enjoy.	Spend time with me. Play with me. Delight in what I’m doing. Enjoy me and our time together.

At Homecoming:

When I...	I may be saying...	How you can support me
Cry, hesitate, pull away from, act afraid of my parent who has just come home	I need time to get to know you again and to feel safe and at ease with you.	<p>Follow my lead.</p> <p>Let’s spend time all together—you who have been with me and you who just came home.</p> <p>Try not to be upset. It doesn’t mean I don’t love you. I need time to remember and reconnect.</p> <p>Offer me the chance to look at you and play with you—smile at me, offer me a toy, sing me a silly song.</p>
Cry and get fussy when there is a lot of noise and/or people around	It’s upsetting—hard for me to take it all in.	<p>Keep my daily routines consistent.</p> <p>Keep our homecoming party small and simple. At least, protect me from too much sound and activity. Maybe someone I know and trust can be with me in a quieter place.</p>

When a Parent Is Injured

Families are a system of interlocking members, and when one member is suffering, their families, both immediate and extended, are too (Roberts, 2003, p. 69).

This is not just hard on us. It's hard on our son. —A spouse

Combat-Related Stress Injuries and Posttraumatic Stress Disorder (PTSD)

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

The three most common combat-related stress injuries are (Nash, n.d.)

- **Traumatic Stress Injuries.** These are abrupt injuries to the brain, mind, and spirit caused by events involving terror, horror, or helplessness, damage to necessary or deeply held beliefs, physiological hyperarousal, shame, or guilt (Nash, n.d., ppt slide 9).
- **Operational Fatigue Injuries** are emotional changes after prolonged exposure to combat/operational stress caused by the wear and tear of small stressors (such as hardships, monotony, insufficient rest and recuperation) that builds up over time or after repeated deployments. Everyone will experience these injuries if exposed long enough (Nash, n.d., ppt slide 9).
- **Grief Injuries** are due to loss.

Symptoms of stress injuries may include difficulty sleeping, finding it hard to calm down, short-term memory problems, not wanting to be around people, self-destructive behaviors, being jumpy or easily startled, troubling memories, panic attacks, rage outbursts, feeling shocked and numb, feeling like combat is the only place you fit any more, and/or inability to make sense out of death. Other reactions can include risky and dangerous behavior, alcohol and/or drug abuse, and aggression (Nash, n.d.).

Each of these symptoms can be a natural response to combat stress that last a few days to a few weeks. However, when symptoms are severe, lasting, and interfere with everyday activities, this can be an indication of **Posttraumatic Stress Disorder** (PTSD; National Center for PTSD, 2006).

Treatment can be effective—the sooner the better and may include (National Center for PTSD, 2006)

- Learning about PTSD
- Receiving assistance to develop coping skills
- Therapeutic talking
- Medication therapy

Overview

Advances in body armor and trauma medicine, quick stabilization and evacuation from battlefield to war zone hospitals, and state-of-the-art treatment in theater, Germany, and the United States mean that many severely injured Service members who wouldn't have survived in earlier wars are living today. Although many injuries are clear to see, some injuries are invisible. These include:

- *Combat-related stress injuries* that occur when stress is too intense or lasts too long.
- *Posttraumatic stress disorder (PTSD)*, a “signature injury” of today's conflicts, occurs when reactions to stress are lasting and severe enough to interfere with everyday activities.

- *Traumatic brain injuries* are another “signature injury.” It is believed that the shock waves of detonated improvised explosive devices damage the brain at a microscopic, subcellular level (Glasser, 2007).

Service members may also experience ongoing pain. As one father explains, “I couldn't recover until my pain was addressed. It was excruciating and left me exhausted, angry, frustrated, and depressed. As soon as the pain was under control, I could deal with my brain injury, injuries to my body, and my anxiety. I could be a good dad.”

Traumatic Brain Injuries (TBIs)

The detonation of any powerful explosive creates a blast of high pressure, moving out at 1,600 feet per second for hundreds of yards. Anyone in this area is affected by a two-wave assault: the initial shock wave and the “secondary wind” as air floods back into the area, again under high pressure. It is believed that these shock waves damage the brain at a microscopic, subcellular level (Glasser, 2007).

Common symptoms include headaches, sleep disturbances, and sensitivity to light and noise. Cognitive changes may include disturbances in attention, memory, or language, as well as delayed reaction time during problem solving. Often, the most troubling symptoms are behavioral ones: mood changes, depression, anxiety, impulsiveness, emotional outbursts, or inappropriate laughter (Okie, 2005).

Treatment may include neurosurgery, speech and language therapy, occupational therapy, cognitive therapy, help in developing coping strategies, therapeutic talking, counseling, medication. Most adults with a mild TBI recover completely within a year, but moderate and severe TBIs are more likely to cause lingering effects. An estimated 5.3 million Americans are living with disabilities that resulted from TBIs, according to the Centers for Disease Control and Prevention. The Department of Veterans Affairs is now planning for the large influx of veterans with TBIs from the current conflicts who will need continuing care during the coming years (Okie, 2005).

What Families May Experience

They tell you a million times what to expect. You plan for the call. But when it happens, it doesn't feel like you are living it. —A spouse

My wife was pregnant when I got injured. The doctors let me hear our son's heartbeat. It gave me motivation to live. Looking back, I think she must have been so scared to be bringing a baby into the world—Service member

We had a lot of difficult days. —Service member

I learned to take things one step at a time. —A spouse

Every family, every situation is different. Over the weeks, months, and years, families you work with may be faced with:

- Enduring long-term stays at a medical center, often far from home.
- Needing to understand and negotiate regulations and mountains of paperwork.
- Moving to a medical facility closer to home and establishing relationships with new health care providers.
- Experiencing adjustments to home and daily routines (e.g., creating accessibility with ramps for a wheelchair, adding hand controls on a vehicle, developing a safety plan when a parent is experiencing stress injuries or PTSD).
- Rebalancing roles and responsibilities.
- Dealing with unexpected expenses and concerns about finances.
- Reestablishing intimacy.
- Changing one's image of self as a parent—for example, the injured Service member who may no longer be able to run and play actively with a young child or who no longer feels strong, effective, and in charge of the family.
- Reuniting with friends and family. Talking about the injury and changes with others.
- Feeling isolated. Being the only family on the block—or in the community—in this situation.
- Dealing with a change in status from Service member to civilian and from military family to civilian family or dealing with the Service member being sent back to duty, even to the battlefield.
- Redefining life goals.

Supporting Babies and Toddlers

I decided to leave our son with my mom while I went to find out the extent of my husband's injuries. That way he'd have his bedroom, dog, and daily routines. There's no right or wrong here. You just have to try to figure out what will work best for you and your child. What else can you do? —A spouse

We aren't going to get this time back, so we try to make little moments happy memories. Pushing buttons on the bed and elevators is his favorite thing to do in the hospital. We make it a big deal. —A spouse

My son is totally accepting. He tells his friends, "My Daddy has a cool robot leg." Sometimes when I'm not wearing it, he says, "Dad, where's your leg? Go put it on and let's go outside." —Service member

Use this chart to think with families about what their child may feel or need and how they might respond. (Please note: This chart looks at possible meanings of a child's behavior.)

When a Parent Is Injured... in a Child's Words:

When I...	I may be saying...	How you can support me
Seem quiet, watchful, withdrawn; cry, cling, and have trouble sleeping; go back to wanting my bottle, sucking my thumb, or wetting my pants	I know you are upset. I feel tension in your arms when you hold me. I hear worry in your voice. I see you crying. You may be trying to protect me by hiding things, but I know something is happening.	Use gentle, clear, uncomplicated words. If I ask questions, give a simple answer. Reassure me that you will take good care of me. Don't worry if you begin to cry. Tell me you are sad if that's how you're feeling. Don't worry that you have to get every word right. We'll be talking about this a lot. Do your best. Give me a hug. We'll both feel better. If you have questions or concerns about how I'm doing, talk to my doctor or a professional you trust.

Preparing for a Hospital Visit:

When I...	I may be saying...	How you can support me
Am one of those children easily overwhelmed by new people and situations, OR One of those children normally very active, loud, getting into everything at home	This is my personality, my way of being.	Think about whether it is better for me to stay at home with someone we trust or to go to the hospital with you.
Ask to go with you to the hospital, or decide whether to take me with you	I want to be with Daddy (or Mommy), but I need your support.	Decide with my parent who is injured (if possible) the best time for me to come. Be sure that the hospital allows underage visitors.

When I...	I may be saying...	How you can support me
		<p>Before we go, tell me a story of what to expect so I have some idea of what I may see, hear, smell, and feel.</p> <p>Try to plan the visit at a time when I am well rested and fed.</p> <p>Bring a bag with my bottle or cup, drink, snacks, my "lovey," and a few toys.</p> <p>Help me draw a picture or practice a song to sing for Mommy or Daddy.</p> <p>If you will be staying for a long time, try to arrange for someone we know to take me to the cafeteria or outside to play if I get antsy.</p>

During a Hospital Visit

When I...	I may be saying...	How you can support me
Squirm, cry, fuss, or whine	<p>I'm hungry.</p> <p>I'm tired.</p> <p>I've been here long enough. I need a break. The tension in here is getting to me. I'm feeling stressed.</p>	<p>Bring along food I like—my bottle or sippy cup too. Find a quiet place where we can sit together and eat.</p> <p>Put me in my stroller and rock me back and forth, or try to find another place where I can take a little nap.</p> <p>Bring someone we know and trust who can take me to the lobby, the TV room, or outside to play awhile.</p> <p>Try to take care of yourself as much as possible—accept support when you can. Caring for yourself will help you be more patient with me.</p>

When I...	I may be saying...	How you can support me
Am restless, start getting into things	This is a little space with too many rules. I'm tired of "be quiet," "don't touch," "don't do."	<p>Keep the visit short.</p> <p>Take me to the waiting room, cafeteria, or even better yet, outdoors where I can play and talk.</p>
Hesitate to look at or talk to Daddy or Mommy, or shy away from touching, hugging or kissing him or her	It's been a long time. I need time to reconnect. And I need time to get used to how he/she looks, sounds, or acts.	<p>Show me it's OK to hug Daddy or Mommy—if it is. But don't force me.</p> <p>Give me time to help me understand and reconnect.</p> <p>Offer me the chance to draw a picture, sing a song, or get something for my injured parent (for toddlers and 2-year-olds).</p>
Peek at Daddy/Mommy in the hospital bed, then look away—then peek again	I'm starting to reconnect.	Give me time.
When I stare at someone's scarred face or prosthesis	<p>I'm trying to understand and learn about something that is new to me.</p> <p>I'm worried something like that might happen to me.</p>	<p>Give me a simple explanation and reassurance. "That new leg—it looks different, doesn't it? But watch. It helps her walk. Your legs help you walk too."</p> <p>Reassure me that I am safe and healthy: "It's not the kind of 'owie' that you have."</p>
Ask a question	I'm curious. I'm ready for some more information.	Answer in simple words I can understand: "That machine helps Mommy breathe."

At Home:

When I...	I may be saying...	How you can support me
Get fussy	Things around here are very different. It's unsettling.	Return to some everyday activities we used to do like reading a story at bedtime.
Get very upset when I fall or get a boo-boo	I'm afraid my body is injured too.	Be matter-of-fact. Reassure me that you will take care of me. Help me get back to playing.
Protest at being left alone with my parent who has been injured	I need more time to reconnect and to feel safe and secure with him/her.	Give me time. Let us be all together.
Play pretend. For example, that my doll is in the hospital, missing a leg, burned, and covered in bandages	I am trying to figure out what is happening. I am trying to get a sense of some control over all that is happening.	Join me in my play. Ask my doll questions: "How are you feeling? Do you have a wheelchair? Is the doctor taking good care of you? How can we help you feel better?" Give me props—a blanket, toy stethoscope, box of adhesive bandages. Use this as a chance to give me a little more information: "The bandages on Mommy's face are helping her burns get better." If you feel worried about my play or feel like I'm getting upset or "stuck" in my play, talk to a professional you trust for guidance.
Start to watch, smile at, offer toys to, or snuggle with my parent who has been away and injured	I am feeling more safe and comfortable with you	Give me a little more time for all of us to be together as our connection grows. Give us short times alone together—with the parent who has been home with me nearby and able to step in if we need some support. Help me reconnect by offering me a toy or playing a simple game like peek-a-boo.

When I...	I may be saying...	How you can support me
Show interest, curiosity, or desire to help with caring for my injured parent	I want to help. I like to feel confident and competent.	Give me tasks I can do, like carry the bandages to the bed. But don't rely on me... I'm too little for that much responsibility. Sometimes rules of privacy shift when medical care is needed. Set limits around privacy. You help with bathing and toileting. I can help get Mommy a drink or sing her a song. Protect me from sights and sounds that are overwhelming. For example, a wound or bloody gauze...I don't know how to understand it, and I may think that it's scarier or worse than it is.



When a Parent Comes Home Changed

I needed to take care of myself first before I could be a good husband and dad. I didn't like the person I was. I wasn't as loving as I could be. Looking back, maybe it was my heightened anxiety from trauma. I was so scared about our future. —Service member

Researchers including Vasterling, Proctor, Amoroso, Kane, Heeren, and White (2006) suggest that war-zone deployment may lead to slight changes in the brain. These changes may influence the ability to focus and remember as well as the Service member's affect causing problems in daily life at home. The researchers stress there is need for more study in this area.

Challenges in family relationships can show up at homecoming or months afterward. Milliken, Auchterlonie, and Hoge (2007) found a substantial increase in Service members' mental health needs and concerns about interpersonal conflict 3–6 months after homecoming.

Some Service members returning from combat may have more difficulty being close to or touching their infants or young children. According to a child psychiatrist working with military families:

“For those who have witnessed severe trauma and who are suffering from PTSD, being close to or touching their young children may serve as traumatic reminders of their experience, resulting in disturbing emotions, memories, or flashbacks. When such powerful emotions and memories are generated, parents may worry that they may contaminate or hurt their children, causing parents to be more distant.”



Parents may be faced with questions they never imagined: “How do I pick up my baby when I've lost both my arms?” “If being a good parent means running and playing with my child, what do I do now that I'm paralyzed?”

These are very complicated issues. If you are working with a Service member or family in this kind of situation and are not a mental health professional, or if you feel that the family needs more specialized support, make a referral to an experienced mental health expert you trust. (See Part Three for more on making a referral.)

Keeping Babies and Toddlers Safe

Although we will not know the impact of this war on families for years to come, we do know that, today, some families need help to keep their babies and toddlers safe.

Typical behaviors of babies and toddlers can evoke strong feelings and reactions from adults, even in the best of situations. A child's clinging or calling “Mommy” repeatedly may feel extremely demanding to a parent trying to handle everything on the home front.

A child's crying or sudden move to chase the family cat can lead to an overreaction by a Service member who is not sleeping well or easily startled. According to the National Center for PTSD (2006), anger and aggression are common combat stress reactions. Using alcohol or drugs as a way to cope can make the situation worse and possibly unsafe for family members.

Here are some suggestions to share with families:

- *Identify people who are your support network.* Post their phone numbers in a place you can easily find it.
- *If a child's crying or other behavior is too much to take, place that child in a safe place such as her crib, and call someone from your support network to help you feel calm and/or come and get your child for awhile.*
- *Have a safety plan in place to give the Service member or spouse a needed break.* Arrange a signal or cue so the other parent can take the child to another location.
- *If at any time you think you or your child may be in danger, take your child and leave your home immediately.* Contact your pediatrician, family physician, or the Family Advocacy Program on your installation for information and resources to support you and your family.

Remind All Families: Never Shake a Baby or Toddler

Shaking a baby even for a few seconds can injure the baby for life. The whiplash motion can cause bleeding inside the head and increased pressure on the brain, causing brain tissue to tear. This is known as Shaken Baby Syndrome.

For more information, go to the National Center on Shaken Baby Syndrome Web site at www.dontshake.org



When a Military Parent of a Baby or Toddler Dies

My husband wasn't supposed to die. It's such an awful thing to lose a parent. —A mother

I believe children and families can be alright as long as they get the support they need. —Child and Youth Military Family Life consultant

Overview

Babies and toddlers don't know what death means, but they can feel loss and realize that something is different in their life. Sometimes it may appear that a child has forgotten about the parent who died. At other, unexpected times, children may show grief or sadness through their behavior, play, words, or a combination of these.

Helping a child understand and cope with the death of a parent requires ongoing support that evolves over the years as a child develops. There is no formula to follow. No two children—just as no two adults—respond in the same way.

How a child will respond depends on many different factors that include age, gender, temperament, and how surviving family members respond. Other factors may include how long the parent was away, where the parent was, and the circumstances of the parent's death.

What Family Members May Experience

It's all so hard. —A mother

The only thing I can do for this man who loved his children so much is to raise them well.
—A mother

As one mother says simply, "It's heartbreaking." Every family member experiences the loss. The surviving parent is often the best person to support a young child with the death of a parent. Sometimes, however, this parent is mourning so deeply that he or she is emotionally unavailable.

According to Lieberman, Compton, Van Horn, and Ghosh Ippen (2003), when a parent is killed in the line of duty, a family's

experience of mourning may be colored by a complicated array of feelings. These may include grief, respect for the parent's service to the country, anger about the decision to serve and the sacrifice of the family, and guilt for having these feelings.

As military families cope with the loss of a loved one, they must also cope with shift in culture and loss of support and services of the military community as they relocate and make the transition back to the civilian world. Decisions have to be made about where to live, schools to choose, new doctors to find. Families may be forced to leave friends and established social support networks as part of this transition, compounding their loss.

Supporting Babies and Toddlers

It's been 2 years. Sometimes my daughter says, "Hi. I'm _____ and my Dad is dead." When other kids talk about their fathers, she tells a family story about her dad. She's talking about what she knows. —A mother

I tell my kids, "Your Dad wanted nothing more than to come home and be with you." —A mother

Use this chart to think with families about what their child may feel or need and how they might respond. (Please note: This chart looks at possible meanings of a child's behavior.)

When News of a Parent's Death Is Received ... in a Child's Words:		
When I...	I may be saying...	How you can support me
Cry, fuss, cling, withdraw, and get quiet and still	I know something is going on. And when you, my home base, are so upset and distracted, I may feel insecure and afraid. My routine is upset. I'm confused. I may be hungry or tired.	Tell me simply and honestly about what is happening: "We just learned Mommy died. It makes me sad and I'm crying." Try to keep my routine the same—even part of it. It helps me feel safe when I know what to expect. Be sure I have my "lovey" (my special blanket or stuffed animal). Be sure there is someone to feed me and offer me the chance to sleep—in my crib, in my stroller, or in the car.

During the Memorial Service:		
When I...	I may be saying...	How you can support me
Fuss or whine	I need a break.	Have someone I know and trust there who can focus on me—give me a bottle or snack, rock me, walk with me, play with me.
Stare, look wide-eyed, cling, go back to sucking my thumb	I'm confused; I'm getting overwhelmed.	Tell me simply and honestly about what is happening. "We are all saying goodbye to Daddy."

Day by Day:

When I...	I may be saying...	How you can support me
Cry, protest, hit, cling, withdraw	I'm afraid. My world is feeling out of control.	<p>Reassure me that I am safe and you will keep me safe: "You have a little boo-boo, and we can fix it."</p> <p>Give me words for what I may be feeling. Offer me comfort: "I know you are sad that Daddy isn't coming home. Should we rock and look at these pictures of Daddy together?"</p> <p>Give me safe and healthy ways to show my feelings. Make up an "angry" dance. Give me lots of time outdoors to move and do. Offer me the chance to play with materials I can shape, pound, splash, and pretend with, such as play dough, water and sand, puppets, and dolls.</p> <p>Reassure me that what happened isn't my fault.</p> <p>Take care of yourself. I need you.</p>
Insist that Mommy will be home soon	It's hard to understand Mommy will never come home again. I don't want to know that Mommy will never come home again. Maybe if I insist it isn't true, she will come back.	Try to help me sort through my feelings. "I know you want Mommy to come back. You miss her so much." Gently and honestly remind me that Mommy has died, which means she isn't coming home. "It's sad she isn't coming home because she died." Remind me how much she loved me and that she didn't choose to die and leave me.
Have nightmares or develop new fears	I'm unsure and afraid. My life feels out of control.	Reassure me that you will keep me safe. Comfort me.
Go back to younger behaviors—cry for my bottle, suck my thumb, want to be carried everywhere, wet my pants	I'm having a difficult time here. It's hard to hold everything together.	Expect this. Try to understand. If you feel worried, talk with a professional who knows about babies and toddlers—my doctor, an early childhood professional, and/or a counselor.

When I...	I may be saying...	How you can support me
Go back to younger behaviors—cry for my bottle, suck my thumb, want to be carried everywhere, wet my pants	I'm having a difficult time here. It's hard to hold everything together.	<p>Be patient with me. As you reassure me, I will adjust to this change over time.</p> <p>Let me know gently what you expect. For example, remind me I know how to use the potty.</p> <p>Keep in touch with my doctor and caregiver about how things are going for me—and for you.</p>
Tell people my Daddy died. Touch a strange man's face. Tell a story about my Daddy.	I miss my Daddy.	<p>Talk with me about Daddy. Tell me a story. Play games we used to play together.</p> <p>Arrange for a male relative or friend to spend some time with us.</p> <p>If you feel concerned about what I say or do, talk with my doctor or a professional you trust.</p>
Push you away, hit or bite you—or another child, break something on purpose, have temper tantrums	My feelings are more than I can control. Please set some limits for me.	<p>Set clear limits in loving, positive ways: "I know you are angry, but we don't hit each other in this family."</p> <p>Give me safe, healthy ways to express my feelings. (See above.)</p> <p>Help me feel in control by helping me feel competent. Let me choose the book we are going to read. Invite me to help you scrub potatoes for supper or to set the table.</p>
Cry when I see someone in a uniform like Mommy's or Daddy's, or don't want to look at old photos or hear stories today	It hurts me for now to be reminded of my Mommy or Daddy.	Give me words for what I might be feeling. Tell me you understand. Find us something else to do together. Let's talk about Daddy tomorrow or whenever the time feels right.
Am happy, singing, busy playing	The world is an amazing place—with so much to see and do and explore and learn—and I need a break from feeling sad.	Try to join me and enjoy me.
Gaze in your eyes, smile at you, reach for you, run into your arms, give you a giant hug	I love you.	Give me a big hug too.

Common questions that you may be asked. Here we include sample answers for you to tailor to your own style and a family's needs:

- *How do I tell my child about the death of her parent?* Because young children think concretely, it is best to use truthful, gentle, clear, and simple language. "Daddy got hurt so badly that the doctors couldn't make him well. He died, and he cannot come back home. He loves you, and he would be with you if he could." "Mommy died, and she can't talk or move anymore." Saying that "she went to sleep," or "we lost her" can be confused with everyday experiences and may frighten a child.
- *What if I say the wrong thing?* Don't worry. Your child doesn't need you to be perfect. He needs you to be you and to know that he can count on you to be truthful with him.
- *Should my child attend the memorial service?* Many families take part in a memorial service with military traditions, including a funeral procession, precision drill exercises, flag ceremony, and gun salute. For some young children, this may be too overwhelming, noisy, or scary. Others will find it interesting and helpful. Use what you know about your child's reactions to new people, places, and situations to help you decide what is best for her. If she does attend, here are some ideas to keep in mind:
 - *Tell your child what to expect.* Explain that the service is a way of saying goodbye to the person who died. Saying goodbye can be sad so people may be crying. Explain that crying is OK for adults and children. It is a way people show how they feel.
 - *Ask an adult whom your child knows and likes to stay with your child during the service.* This way, if your child needs a break or to leave or talk, there will be someone available. It is best if this is an adult who is not also grieving the loss so that he or she can devote full attention to the child.
- *How can I protect my child from the pain?* You can't completely protect your child. The loss is so big that they are bound to feel pain. However, you can comfort your child and help her understand and cope with her feelings. Your baby or toddler has a remarkable way of tuning into you and other important adults in their lives. Trying to hide what you feel can create tension and confuse or upset a child who knows something is happening. Sharing your own feelings gives your child permission to express his feelings.
 - *Will you die too?* Your child may be worried that you may die too. You may feel vulnerable and worried about it too. Try to overcome your fears and reassure your child by saying, for example, "I will not die for a long time; I'll be right here with you."
 - *Will I die also?* Young children need to be reassured that they will not die too. "You are healthy and strong. I'll take good care of you."
 - *What will happen to me?* You help your child feel safe when you reassure her that the important adults in her life will be there to take care of her and give her a clear picture of her daily routine. For example, you might say, "Miss Cindy will be at child care to take care of you. After naptime, I'll pick you up just like Mommy used to."
 - *Did I cause the death?* Young children may believe that their anger (e.g., at a parent being away) can kill. You can help your child learn that this is not true by explaining, "All children get angry at their parents sometimes. Being angry doesn't make someone get hurt or die. Sometimes we get angry, but we still love each other."
 - *I want to die so I can be with Daddy.* You can remind your child how much you and others love her, and how much she would be missed if she died. Contact your child's doctor, an early childhood professional, and/or a counselor if you have any concerns about your child.

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Keeping the Connection Strong

At the end of a challenging day, I made us pancakes and bacon for dinner. It was my husband's favorite meal. As we ate, we talked about things we did all together and about how much Daddy loved eating breakfast for dinner. —A mother

My children are figuring out who they are. They take parts of their father into themselves when we tell stories about him. —A mother

A Child and Youth Military Family Life consultant talks about her work with families:

At first, my job is to be there and listen.

One of the things families tell me is they want to be sure their child stays connected with the parent who died. I say, "I never had the honor of meeting _____. Will you tell me about him/her? What made him/her so important in your life?"

The stories begin. As I listen, I reinforce the gifts that a parent has left behind. I explain that these gifts, which can be anything and everything—telling of silly jokes, cooking great Italian food, singing, super bugs—are part of who the surviving parent and child(ren) are. We talk about how they can carry the gifts of the parent who had died with them forever and wherever they go.

When families are ready, here are ways in which they can keep connections strong for babies and toddlers:

- Share photographs. Display them around the house. Make a photo album. Put a collection of photos in a basket. That way, a toddler can choose one to carry in her pocket if she likes.
- Tell family stories about little and big things. Young children will love to hear tiny details such as, "You and Daddy

would sit in the rocking chair. He held you close and said, 'I love you' as you rocked back and forth every night before you went to sleep," or "Mommy always put strawberry jelly on your toast, then cut your toast into four pieces."

- Sing the songs and read the books you enjoyed together.
- Visit a parent's grave if there is one and if it fits your belief system. One mother shares, "We take drawings and letters to my husband's grave in November when we go back home where he is buried."

Some children will have never met their parent. Connections can be created through stories such as, "Daddy used to sing to you when you were in my belly," or "Daddy put the picture I sent him of you in my belly inside his cap where he could see you every day." Photos of his parents when they were expecting and of his father provides a child with something to hold on to over the years.





Part III:

Creating Respectful, Responsive Relationships With Families, Supporting Babies and Toddlers

In this section, we explore five basic strategies for creating relationships with families:

Maintain the focus on babies and toddlers.

- Highlight key messages about babies and toddlers in conversations with families.
- Convey the power of daily routines and activities to comfort young children and buffer them from stress.

Be aware of the impact that you have on families and that they have on you.

- Be an active listener
- Talking with families in a difficult time
- Talking with children in a difficult time
- Acknowledge a parent who voices regrets or guilt
- Guide family members to recognize and build on their strengths

Recognize and respond to signs that additional support is needed by a child or adult.

- Identify signs that a child is saying, “I’m having a hard time”
- Assist parents in recognizing signs that they need additional support
- Share and use resources without overwhelming families—or yourself
- Refer families to the next level of care when necessary

Take time to enjoy a baby or toddler.

Take care of yourself.

Maintain the Focus on the Babies and Toddlers

Parents often tell me how glad they are that we have time to focus together on their children.

—Infant/toddler teacher

Sometimes when time and energy are limited and demands are great, babies and toddlers are overlooked. You keep focus on the youngest family members when you:

- Highlight key messages about babies and toddlers during conversations with families.
- Convey the power of daily routines and activities as opportunities to comfort young children and buffer them from stress.

We look at each here.

Highlight Key Messages About Babies and Toddlers During Conversations With Families

See my child for who he is. Don't jump to assume he behaves in a certain way because of grief. He may not sit to listen to a story because he needs to go outside and run around. —A mother

Here are three key messages about infant/toddler development to thread through your conversations with families. Stress can make it difficult, if not impossible, for family members to remember and absorb information, so use these points often in your daily conversations:

- *Babies and toddlers experience stress.* Although they may not understand what is happening, they tune into the feelings of their trusted adults.
- *Babies and toddlers are resilient, with the support of loving adults.* Loving, secure, responsive relationships buffer children from stress and help them feel safe.
- *Babies and toddlers communicate their feelings and needs through their behavior.* Behavior has meaning. As you watch a child with his family, think together about “What is his behavior telling you about what he is thinking? Feeling?”

Convey the Power of Daily Routines and Activities as Opportunities to Comfort Young Children

A lot of people come in and out of a hospital room. You just have to make the most of it. I had special toys there—a doctor's set, coloring books—so our toddler could play quietly on the bed with my husband. I'd bring in snacks and a movie to make moments of normalcy. You need those moments whenever you can get them. —A spouse

Everyday moments—whether in a hospital room or at home—can buffer stress by helping a young child relax, feel safe and secure, and build confidence. By sharing the power of everyday

moments with families, you can help parents see how much they (and/or trusted others) can support a baby or toddler during a daily routine or playtime. (If you are a military parent, we hope that you too will see how much you are giving your child.)



Family members soothe a baby when they:

- *Rock together.* Back and forth, slowly, gently, calmly.
- *Sing.* It doesn't matter what song or if it is in tune.
- *Give a child a gentle massage, if she enjoys it.*
- *Keep her comfort items (or “lovey”) nearby in case she wants or needs them.*

Family members help a child feel safe and secure when they:

- *Offer extra hugs, kisses, and cuddles.* This helps adults feel good too.
- *Stick to daily routines as much as possible.* Knowing what to expect helps a child feel more in control.
- *Say “goodbye” when leaving, even for a short time.* This builds trust and means a child doesn't have to worry that important people in her life will disappear.
- *Read the same book or tell the same story—again.* Knowing what is coming next is comforting.
- *Protect a child from scary conversation and pictures.* Turn off the TV and radio news. Ask family and friends not to discuss scary events around her.
- *Validate what the child is feeling.* Give her words for her feelings. “You look like you are angry.”
- *Create “moments of normalcy” even in difficult times.* Watch a movie, play hide and seek, look at family photos. These are familiar, reassuring activities.

Family members build a child's confidence that she can manage when they:

- *Invite a child to join in daily routines.* She will feel proud to push the elevator buttons or carry napkins to the bedside or table at dinnertime. (Note: Be sure to talk with families about setting limits of privacy. For example, changing a dressing or helping an injured Service member with toileting is a job for adults.)
- *Give her realistic choices:* “Do you want to wear your yellow shirt or the one with stripes?”
- *Help a child succeed.* For example, when a baby's rattle rolls away, move it closer so she can reach it herself.
- *Share a child's delight in a new accomplishment:* “You gave that ball a giant kick.”

CHILDREN'S BOOKS

This list includes a few suggestions of books for families to enjoy with babies, toddlers, and young siblings. It can be helpful to have a few children's books on hand to share with families always reminding them that at times there is no better children's book than a family photo album.

Although babies or toddlers may not understand every word at first, it is comforting to snuggle, look at pictures, and hear their parent's voice. Encourage parents to choose books that reflect their family's beliefs, and point out that children's books may offer models of language to use with a child during challenging times.

On the Military and Deployment:

Over There by Dorinda Silver Williams. This book written for very young children can be downloaded at www.zerotothree.org. There is a mommy version or daddy version, depending on which parent is deployed. You can print it and add your own photos or draw your own illustrations to capture your family's unique deployment story. (Published by ZERO TO THREE, 2008)

Daddy, You're My Hero and Mommy, You're My Hero by Michelle Ferguson-Cohen give simple explanations of why Mommy and Daddy go away to keep the world safe. (Published by Little Redhaired Girl Publishing, 2001)

Daddy Got His Orders by Kathryn Mitchell. This book answers basic questions a child might have. It may be especially helpful for children whose families who live off base. (Published by TJ Publishing, 2004)

On Grief and Loss:

These books can help families talk with a young child about the death of a parent and what the child may be feeling.

Note: These books are not written specifically for infants or toddlers. You and the families you support can think together about the right time to introduce these books to their child. In addition, these books might be useful in supporting older siblings through their grief experiences:

Goodbye Mousie by Robie H. Harris. This story shares a child's feelings from when he finds his pet mouse "asleep" until he buries his tiny friend. (Aladdin, 2004)

I Miss You: A First Look at Death by Pat Thomas. This book gently conveys the message that death is a natural part of life. (Published by Barron's Educational Series, 2001)

The Invisible String by Patrice Karst. This story is about the invisible, yet lasting connection between people who love each other, even when a loved one dies. (Published by DeVorss & Company, 2000)

On Family Connections:

Guess How Much I Love You by Sam McBratney. Trying to delay bedtime, Little Nutbrown Hare tells his dad "I love you" in many different ways. (Published by Candlewick, 1996)

The Runaway Bunny by Margaret Wise Brown. In a pretend game of chase, a little bunny changes into different shapes such as a fish and crocus.. But whatever he looks like and wherever he hides, his mommy always finds him. (Published by HarperCollins, 2005)

What Mommies Do Best/What Daddies Do Best by Laura Numeroff. This book shows animal mothers and fathers doing loving, everyday activities with their child. (Published by Simon & Schuster Children's Publishing, 1998)

Be Aware of the Impact That You Have on Families and That They Have on You

When you know and understand how something (or someone) is affecting you, you can choose how you want to respond (Pawl & Dombro, 2001, p. 23).

You bring knowledge and skills to your work. But most important of all, you bring yourself. When working with families, "how you are is as important as what you do" (Pawl & St. John, 1998, p. 3).

Knowing that you and families affect each other can help you make more purposeful, effective choices about what to say and do:

- Be an active listener.
- Talk with families in difficult times.
- Acknowledge the parent who voices regret or guilt.
- Guide family members to recognize and build on their strengths.

Be an Active Listener

It was a battle getting someone to listen about my pain. Nobody believed me. I ended up moving to another state where a doctor was willing to listen, "re-look" at my case, and give me a fresh start. He gave me my life today. —Service member

It helps to have different people listen—people who aren't part of your life but who care and who know the situation. So you can say everything and anything on your mind. —A spouse

Listening can be a therapeutic and clinical intervention. Sometimes listening is all we need to do. —Military pediatrician

Active listening is all about trying to understand another person. Here's what a few professionals have had to say about active listening:

- "To really listen, I have to put part of myself—my feelings, worries, and assumptions—aside. I have to truly be there."
- "No matter how much the person I'm talking with is struggling, I try to see them making it. Sometimes I try to look ahead and create a picture in my mind of them happy and in a different place. I think this helps me give them a sense of steadiness and hope. I know it helps me from being swept away in their despair."
- "The families who need me to listen the most are often the families who are most challenging to work with. I try not to get caught up in their emotions so I can stay grounded, present, and open."



How well do you listen?

Here are some questions to help you assess your practice of active listening. Answer each question:

- Do you turn off your cell phone (or turn it to vibrate and ignore it) when talking with a parent?
- How difficult or easy is it for you to put aside thoughts of your own TO DO list and focus on what a family member is saying?
- To what extent do you listen not only for words but also for feelings?
- To what extent do you check in to be sure you understand? For example, by restating what someone has said, or by asking an occasional question?
- How confident are you that you can listen without making assumptions or judgments?
- How confident are you that you can accept a family where they are—and not worry (for now) about helping them move ahead?
- How frequently do you hold the vision of a family managing and moving ahead in their lives in a hopeful, positive way?

What do you already do well? What's something new you want to try?



- *Avoid judging.* Stick to observations and facts. For example, a parent educator might say, “You said you are worried that you could get so angry, you might hurt your baby,” instead of “I think you get too angry.”
- *Listen well and with respect.* Make eye contact. Repeat what the speaker said to be sure you heard and understood.
- *Decide together on next steps.* Be clear about who is going to do what.

Finally, Rice and Groves (2005, p. 41) explained that it is important to end each conversation with hope. They ask, “What can you say that will offer an honest, hopeful message?” They remind us that “Hope carries people through even the toughest times.”

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holder. *Hope and Healing: A Caregiver's Guide to Helping Young Children Affected by Trauma*, by K. F. Rice & B. M. Groves, 2005, p. 41. Further reproduction requires express permission from ZERO TO THREE (www.zerotothree.org/press).

Depending on your comfort level, you may find it helpful to work with a more experienced colleague for a time or at least to observe and ask that colleague for coaching. You may want to “borrow” words other people use. In time, you will find your own.

Talk With Families During a Difficult Time

I wish we had magical words to ease families' pain. —Family support professional

Words have the power of helping us feel that we are not alone. An experience may not feel so frightening or overwhelming when it can be shared. Talking about something can help us organize our thoughts, gain clarity about what is happening, and determine what steps to take. It can help us feel heard and understood. It gives us a sense of control.

The work that you've put into your relationship is a first step in talking with families. When family members know and trust you, they feel safer talking about the tough topics.

You give parents openings to talk by asking questions and sharing your observations. For example:

- How are things going?
- You look tired.
- What's the hardest part of your Service member being away?
- Is there anything new or different since we last talked?
- What's the best thing about being a parent now? The hardest?
- She's getting big. What's your baby/toddler up to these days?

To keep the conversation going, Rice and Groves (2005, p. 41) offer these strategies:

- *Plan ahead.* Speak with a supervisor and/or colleagues about what will be said, where the conversation will take place, who will be present, main points to be covered. Have realistic expectations of what might be accomplished.
- *Practice ahead of time.* Role play to find the most helpful words to use as well as to prepare for possible responses of family members and Service members.

Talk With Children During a Difficult Time

A mother of four shared these thoughts:

“A lot of people can't handle talking with a child about their Mommy or Daddy who has died. They say things like, ‘Oh...I'm so sorry,’ or nothing at all.

Young children want to make you happy and to share what's going on in their lives. It might be, ‘I got a new dog,’ or ‘My Daddy died in the war.’ When you are awkward or tense, they may feel that there is something wrong with them or stop talking about their parent because they don't want to make you feel bad.

You can acknowledge a child's experience by asking a simple question or two:

- What was your Daddy's/Mommy's name?
- What did he or she do?

When you can respond naturally, children begin to learn that yes, people die, but life goes on. They realize that they aren't alone.”

Acknowledge a Parent Who Voices Regret, Guilt, Frustration, or Anger

I still kick myself for not making a video of my reading a book for my child before I was deployed.
—Service member

My sister potty trained my son when I was deployed. She still reminds me I wasn't there. —Service member

No childhood is perfect. No parent is perfect. (No professional is, either.) That's reality. Children do not need perfect parents; rather, they need parents who can acknowledge their mistakes, make repairs, and model the capacity to move forward in a mindful, meaningful way.

All parents have regrets and experience guilt at one time or another. Many worry they have made a mistake that will damage their child and find it difficult to let go and move on. These feelings can be magnified during times of high stress when parents already feel vulnerable.

Have you heard a parent expressing regret or guilt? It's natural to want to make a parent feel better with responses such as "You are so strong," "You are doing so well," and "Don't be so hard on yourself."

However, when you acknowledge a parent's feelings, it is an opportunity to strengthen your relationship. When you respond by saying, for example, "That sounds hard. You want to give your baby your best and you feel like you can't give it to her right now," parents discover that they can trust you with their concerns because you see and acknowledge them.

Guide Family Members to Recognize and Build on Their Strengths

Sometimes (since my husband was injured), I get the "pity" look. I just want people to listen and talk with me like I am normal. —A spouse

Helping parents recognize their strengths isn't about giving empty praise to help someone feel better. It is about sticking to the facts and, in a genuine way, helping someone see resources—inner and outer—that they may not be able to see on his own. It may mean normalizing a family's experience, or helping a parent see something about herself that she may have forgotten or never even realized.

Ways to do this include the following:

- Talk about the many different ways in which a parent shows his or her love during a stressful time. Examples include:
 - Arranging for someone a child trusts to care for the child when a parent is away or not available.
 - Finding comforting words to talk with a child about what is happening.
 - Asking for help from family, friends, and neighbors.
 - Seeking treatment.
 - Taking advantage of everyday moments to connect, reassure, and teach.

- List a parent's recent strengths or recent accomplishments. These might include taking a child to child care each morning, reading a bedtime story, or shopping for a healthy dinner.
- Work with families to create a list of people they can call for support. Encourage families to post this in a place where they will see and use it. Invite families who are uncomfortable asking for help to think of times when they have helped others. Point out that every parent of a young child needs support.

Recognize and Respond to Signs That Additional Support Is Needed by a Child or Adult

Sometimes no matter how hard you work, a child struggles or a parent needs more assistance than you can offer. In this section, we look at steps you can take to support family members, young and old, in getting their needs met:

- Identify signs when a child is saying, "I'm having a hard time."
- Help parents recognize signs that they need additional support.
- Share resources without overwhelming families.
- Refer families to the next level of care when necessary.

Identify Signs When a Child Is Saying, "I'm Having a Hard Time"

Behaviors of young children during difficult times can put additional stress on already burdened parents. This can be the start of a negative cycle. Or, given your support, it can be a time when families can tap into their resilience to adjust and adapt. The first step is knowing the signs and teaching them to parents. The chart below identifies behaviors that parents might see and what they might say to you.

Behaviors Parents Might See and What You Might Hear

- Increased clinging, crying, and whining: "He's really getting on my nerves." "She sticks to me like glue."
- Greater fear of separation from parent at home or other primary caregiver: "She doesn't let me out of her sight." "I feel like I can't have a minute on my own."
- Increase in aggressive behavior: "She's being bad." "The teacher told me she hit and kicked other children today in child care."
- Withdrawing: "He's never been this good before." "She's so quiet these days."
- Harder to show interest in activities and other people: "He doesn't seem interested in anything." "She just sits there."
- Changes in sleeping and eating patterns: "She falls asleep when we are out." "He used to love scrambled eggs. Now he just pushes them aside."
- More easily frustrated and harder to comfort: "Nothing I do makes her happy."
- A return to earlier behaviors, like waking up at night, toileting accidents, and thumb sucking: "He's acting like such a baby."
- Replaying scenes experienced or heard about. "He's been pretending to be a bad guy shooting at the good guys." "She put a big adhesive bandage on her baby and said, 'It's OK if you have only one leg.'"
- Increase of attention-getting behaviors, both positive and negative: "He's always trying to get my attention."

Assist Parents in Recognizing Signs That They Need Additional Support

Recognizing that support is needed may be the most difficult and yet the most important step in healing. The following are questions you can suggest Service members and spouses can ask themselves to figure out how they—and their families—are doing:*

- 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 wanting to sleep too much?
- Is my child suffering because of the way I am acting?
- Is it impossible or hard for me to touch my child?
- Am I able to enjoy my child?
- Am I being the parent I want to be?
- Am I feeling fulfilled as a parent right now?
- Can I ask for resources and support when I need them?
- Have I been dealing with any of these issues for a few weeks now?

***Based on “Getting the Help You Need to Recover Your Emotional Health” (Ceridian Corporation, 2006).**

This article is provided to Service members and their families as part of the Military OneSource program, which offers information and support on a wide range of family and personal issues. To access the program just go to www.militaryonesource.com or call Military OneSource today. From the United States, call 800-342-9647. From overseas, call collect 484-530-5908.

Military OneSource is brought to you by the Department of Defense at no cost to you.

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Share and Use Resources Without Overwhelming Families—or Yourself

Families may have different access to resources depending on whether they live on or near an installation or are living in a community with or without nearby friends or neighbors who are also in the military. No matter where a family lives, during times of high stress, it can be difficult to absorb and use new information. This may be a time when less is more.

Basic and easily accessible resources to share with families of babies and toddlers (and to access yourself) include:

Military OneSource: www.militaryonesource.com (800-342-9647) is available 24/7 to connect Service members and their families with services and information. National Guard and Reserve troops and their immediate family members may use Military OneSource, even if the Service member is not currently mobilized. This includes free counseling services, offered in person, by telephone and online. Extended family members may also use the information and referral services but may not receive counseling services.

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

Wounded Warrior Resource Call Center (WWRCC):

The Department of Defense's WWRCC was created in September 2008 to provide Service members who have become wounded, ill, or injured, as well as their immediate families and their primary caregivers, with a single point of contact for assistance with reporting deficiencies in covered military facilities, obtaining health care services, receiving benefits information, and any other difficulties encountered while supporting wounded warriors. Wounded Warrior consultants will collaborate with representatives working with the Army Wounded Warrior Program (AW2), the Marine Wounded Warrior Regiment, Navy SAFE HARBOR program, and the Air Force Wounded Warrior program. The service support programs are the primary avenues of support for the wounded and their families; the Center continues to connect members and families as requested to such resources as Military One Source and can provide a liaison with other federal agencies and nonprofit organizations. The WWRCC can be reached toll free at 800-342-9647.

Wounded Warrior Resource Center Web Site:

www.woundedwarriorresourcecenter.com provides wounded Service members, their families, and caregivers with information they need in the areas of military facilities, health care services, and benefits. It supports access to the Wounded Warrior Resource Call Center and trained specialists who are available 24 hours a day, 7 days a week by phone at 800-342-9647 or by e-mail at www.militaryonesource.com. Information is

also available on how to connect with other families for support and recreation.

National Resource Directory (NRD):

The NRD is a Web-based “yellow book” for wounded, ill, and injured Service members, veterans, their families, and those who support them. The Directory provides over 10,000 services and resources available through governmental and nongovernmental organizations to support recovery, rehabilitation, and reintegration into the community. To access the NRD, visit www.nationalresourcedirectory.org

Tragedy Assistance Program for

Survivors, Inc. (TAPS) is a one-of-a-kind nonprofit veteran service organization offering hope, healing, comfort, and care to thousands of American Armed Forces families facing the death of a loved one each year. TAPS is a family that lovingly welcomes survivors, young and old, with the words: “We hope you will lean on us whenever you need an ear or a hug or a shoulder to lean on!” The organization receives absolutely *no* government funding, but through the Departments of Defense and Veterans Affairs, all families faced with the death of one serving in the Armed Forces receive information about TAPS and our military survivor programs. TAPS can be reached at www.taps.org or at its national headquarters: 1621 Connecticut Avenue, NW, Suite 300, Washington, DC 20009; or call 202-588-TAPS (8277).

Resources for National Guard and Reserve Family Members and Families

Family Assistance Centers are located throughout the country. Although they are usually managed by the state National Guard Joint Headquarters, they serve all military families living away from a military installation, including all reserve families. Staff assist in connecting the military family to the services they need. They also offer family programs such as premobilization information, family activity days, and re-integration resources.

Joint Family Support Assistance Programs (JFSAPs) are located in 50 states and 3 territories to support members of the Armed Forces and their families who are geographically isolated from a military installation with family support activities. JFSAPs are usually located in the state Joint Headquarters and augment services provided by the state family program director.

www.guardfamily.org/ is a National Guard Bureau Web site that offers links to resources for National Guard or Air National Guard families living in areas away from installations. It also includes links for school personnel and professionals working with National Guard families.

Each service provides on-line information for family services for their reservists:
Army Reserve: www.arfp.org/skins/ARFP/home.aspx?AllowSSL=true

Marine Corps Reserve: www.mfr.usmc.mil/hq/mccs/

Air Force Reserve: www.afrc.af.mil/library/family.asp

Navy Reserve: <http://navyreserve.navy.mil/Public/HQ/WelcomeAboard/CNRFc+Families.htm?LGUID=21AD5593-1FA1-49DE-B483-7E56F6347B59>

Resources for You

You may find a set of resources created by the Center for the Study of Traumatic Stress helpful in your work. These include:

Principles of Caring for Combat-Injured Families and their Children

The Combat-Injured Family: Guidelines for Care

Death Notification: Meeting the Needs of Military Families and Children

Refer Families to the Next Level of Care When Necessary

Knowing when and to whom to make referrals is a key skill for ensuring your effectiveness. Here are some strategies to keep in mind:

- Build a personal network of resources you trust.
- Be honest with a family if you feel that you do not have the knowledge and skills to help.
- Communicate your concerns about a family clearly. Support your statements with observations and examples.
- Give family members information about the person or organization you believe could be helpful. Explain why you have suggested this particular referral.
- Follow up with those to whom you refer families—and with the families.
- Ask families which resources were helpful, and add them to your network of resources.

Take Time to Enjoy a Baby or Toddler

Babies and toddlers are filled with wonder, joy, and laughter. During times of stress, families may need encouragement and support to enjoy their children as much as they can. Cuddling, the sound of a baby's laugh when playing "Where is your tummy?" helping a toddler put on a fancy hat and then watching her pride and pleasure as she looks in the mirror, stopping to look at a beautiful flower or an ant walking across the sidewalk are all moments of everyday life that can bring smiles, strengthen relationships, and promote healing.

Take Care of Yourself

It's draining. So many people. So many challenges.
—Family support professional

As caregivers, we often aren't so good at taking care of ourselves. —Military chaplain

Healers are hurting. —Military pediatrician

We began this guide talking about you and close now talking about you. We've come full circle. You are the most important resource in your work with military families. Only by taking care of yourself can you assure that you have the capacity to be present, to listen, and to be able to respond in the way that families need.

It's not always easy to care for yourself given the demands of your work. You may not have time between caring for others at work and for your family members at home. Keeping busy may be your way of coping with stress. It can be painful at times to step back, take a deep breath, and think about the grief, trauma, and loss that family members and their young children may be experiencing. It may be a challenge to think of something you can do to nurture yourself.

But it is important. We hope that these voices of other pediatricians, infant-toddler teachers, and mental health and family support professionals will inspire you to take good care of you:

Conversation starters to help families tune into the wonder and pleasure of their children:

1. I love to _____ with my child.
2. _____ is my favorite time of day with my child.
3. The funniest thing my child ever did was to _____.

- "I try to take care of myself and know my own physical and emotional limits. I cannot give what I do not have. On the most basic level, this means exercise and a decent diet."
- "I need to take time to process and deal with my own stress so that I can empathize and absorb the concerns of those to whom I give care. This adds to my credibility."
- "I look for the warning signals that I'm running on empty, such as thinking about work instead of sleeping, getting angry easily, crying at a TV ad, or drinking a little extra wine at dinner. When I see these signs, I know I need to talk with someone."
- "I make my family a priority and spend time with my two young girls each day."
- "Draw on your faith."
- "Find something, anything that brings you some quiet and peace. For me, it's gardening."
- "I think of the funny things children say and do and share them with families. There's nothing like a good laugh."

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National Center for Infants, Toddlers, and Families

Writer: Amy Laura Dombro

For more information on ways to support yourself and your young children during times of military stress, go to ZERO TO THREE at www.zerotothree.org/military