



**DEFENSE CENTERS OF EXCELLENCE**  
For Psychological Health & Traumatic Brain Injury

# Children of Deployed Parents: Health Care Provider Strategies for Enhancing Coping Skills

DCoE Monthly Webinar, April 26, 2012

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# Additional Webinar Details

- The following continuing education units and continuing medical education credits are approved for this activity:
  - 1.5 AMA PRA Category 1 Credits™
  - 1.75 CE Contact Hours Physical Therapy and Occupational Therapy
  - 1.5 Nursing Contact Hours
  - 1.5 Social Work CE Hours
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  - Use participant pass code: **9415208#**
- Webinar information
  - Visit [dcoe.health.mil/webinars](https://dcoe.health.mil/webinars)
- Question-and-Answer Session
  - Submit questions via the Adobe Connect or Defense Connect Online question box

# Agenda

- Welcome and Introduction
- Presentations
  - Stephen J. Cozza, M.D.
    - Military Children During Wartime: Risk, Resilience and Community Response
  - Michelle D. Sherman, Ph.D.
    - Children of Deployed Parents: Health Care Provider Strategies for Enhancing Coping Skills
  - Kelly A. Blasko, Ph.D.
    - MilitaryKidsConnect.org
- Question-and-Answer Session / Discussion

# Webinar Overview

## Children of Deployed Parents: Health Care Provider Strategies for Enhancing Coping Skills

- Since the onset of Operation Enduring Freedom/ Operation Iraqi Freedom, military families have experienced multiple and extended deployments.
- The stress of parental deployment may increase the risk for adjustment problems, emotional difficulties and internalizing/externalizing behaviors.
- Health care providers frequently serve military families struggling with deployment-related issues.

# First Polling Question

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Do you work with military children and families?

Please select “YES” or “NO”



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# **Military Children During Wartime Risk, Resilience and Community Response**

**Stephen J. Cozza, M.D.**

Associate Director, Center for the Study of Traumatic Stress  
Child and Family Programs

Professor of Psychiatry,  
Uniformed Services University of the Health Sciences



# Required Disclaimer

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I have no relevant financial relationships and do not intend to discuss the off-label / investigative (unapproved) use of commercial products/devices.

# Military Family Challenges



## Deployment

- Transient stress
- Modify family roles/function
- Temporary accommodation
- Reunion adjustment
- Military common maintained
- Probable sense of growth and accomplishment

**Multiple Deployments?**

## Injury

- Transient or permanent stress
- Modify family roles/function
- Temporary or permanent accommodation
- Injury adjustment
- Military common jeopardized
- Change must be integrated before growth

## Psych Illness

- Transient or permanent stress
- Modify family roles/function
- Temporary or permanent accommodation
- Illness adjustment
- Military common jeopardized
- Change must be integrated before growth

## Death

- Permanent stress
- Modify family roles/function
- Permanent accommodation
- Grief adjustment
- Military common jeopardized or lost
- Death must be grieved before growth

***Complicated Deployment***

**STRESS LEVEL**

# Military Family Protective and Risk Factors

- Protection
  - Income
  - Housing
  - Free medical care
  - Access to many personal and community services
- Risk
  - Increased stress/deployments
  - Relocations
  - Separation from extended family
  - Fewer community support systems (National Guard and Reserves)

# Children of Deployed Parents

- Chartrand, et al., 2008
  - Three- to five-year-old children show elevated behavioral symptoms
- Flake, et al., 2009
  - 32 percent of children “high risk” stress
  - 42 percent of parents “high risk” stress
  - Parent stress predicted child morbidity
- Chandra, et al., 2010
  - Higher emotional difficulties than national samples
  - Older children and girls showed more school/family/peer problems
  - Greater deployment length and poor non-deployed parental function related to greater challenges
- Lester, et al., 2010
  - Parent distress and cumulative length of deployment predicted depression and behavioral symptoms
  - Children evidenced elevated anxiety in deployment and recently returned parent groups

# Potential Risk Factors

- Pre-existing psychiatric or developmental problems
- Non-deployed spouses that exhibit higher distress or poorer function
- Higher exposure (multiple/prolonged deployments, single parent or dual parent deployments, complicated deployments)
- Lack of social connectedness or resources (National Guard, Reserves, lower rank, language barriers, off-installation housing, few friends/family available)
- Parenting risk factors (parental anger, psychiatric disorder, disconnection, marital conflict)

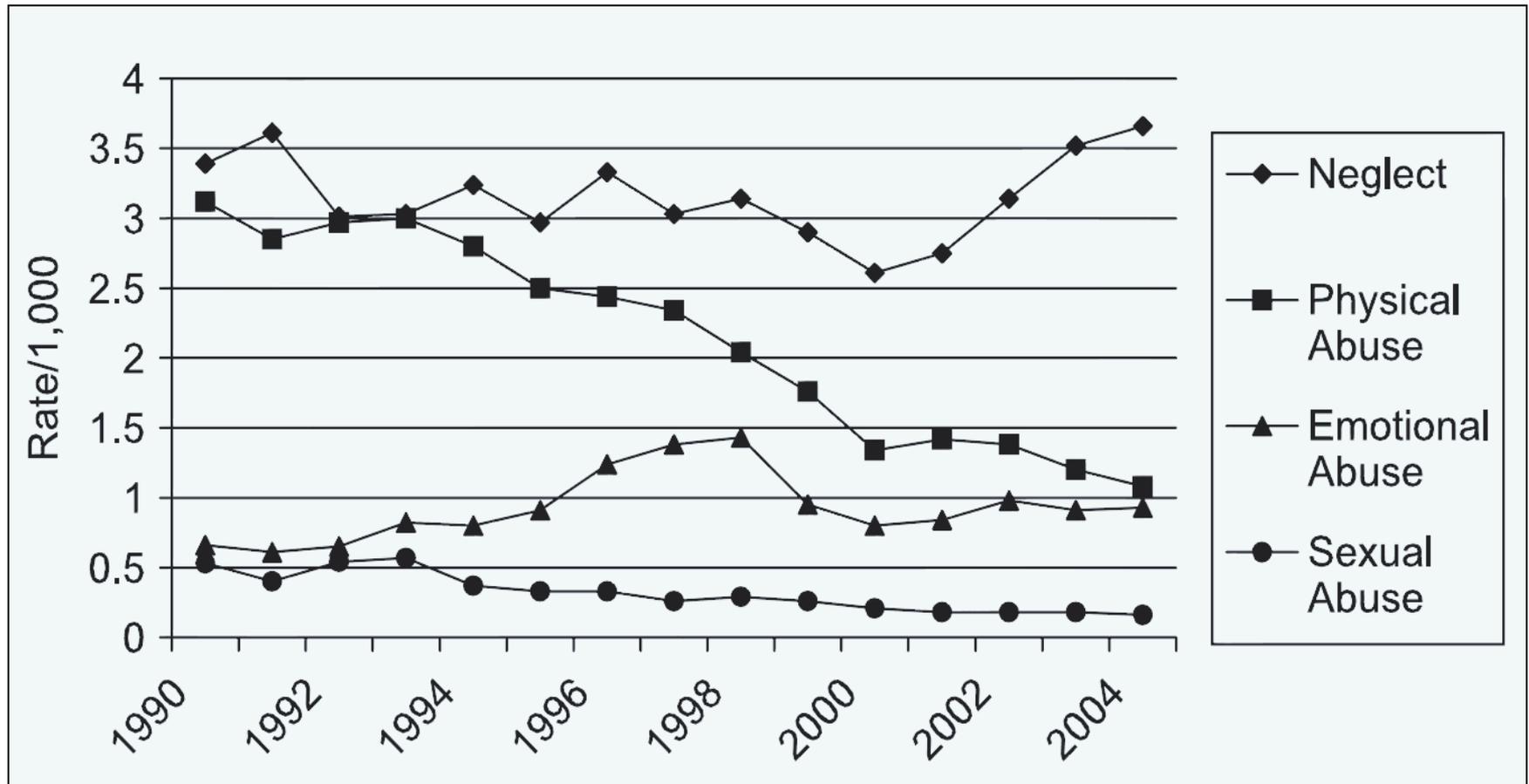
# Corrosive Impact of Deployment

- Cumulative deployment effect
- “Single-parent families”
  - Many contingencies to address
  - Manage anxiety and personal stress
  - Potential impairment of role functioning
- Disruption of relationships, interpersonal strife, loss of attachments
- Increase in family distress
- Reduction of *parental efficacy* – the availability and effectiveness of the service member and spouse

# Child Maltreatment and Deployment

- Time series analysis of Texas child maltreatment data in military and nonmilitary families from 2000-2003<sup>1</sup>
- Descriptive case series of 1,771 Army families with substantiated child maltreatment<sup>2</sup>
- Tabulation of Army Central Registry (1990-2004)<sup>3</sup>
  - Elevated rates of child maltreatment during combat deployment periods
  - Greatest rise in maltreatment appears to be attributed to child neglect
  - Rates of child neglect appear highest in junior enlisted population

# Rates of Army Child Maltreatment

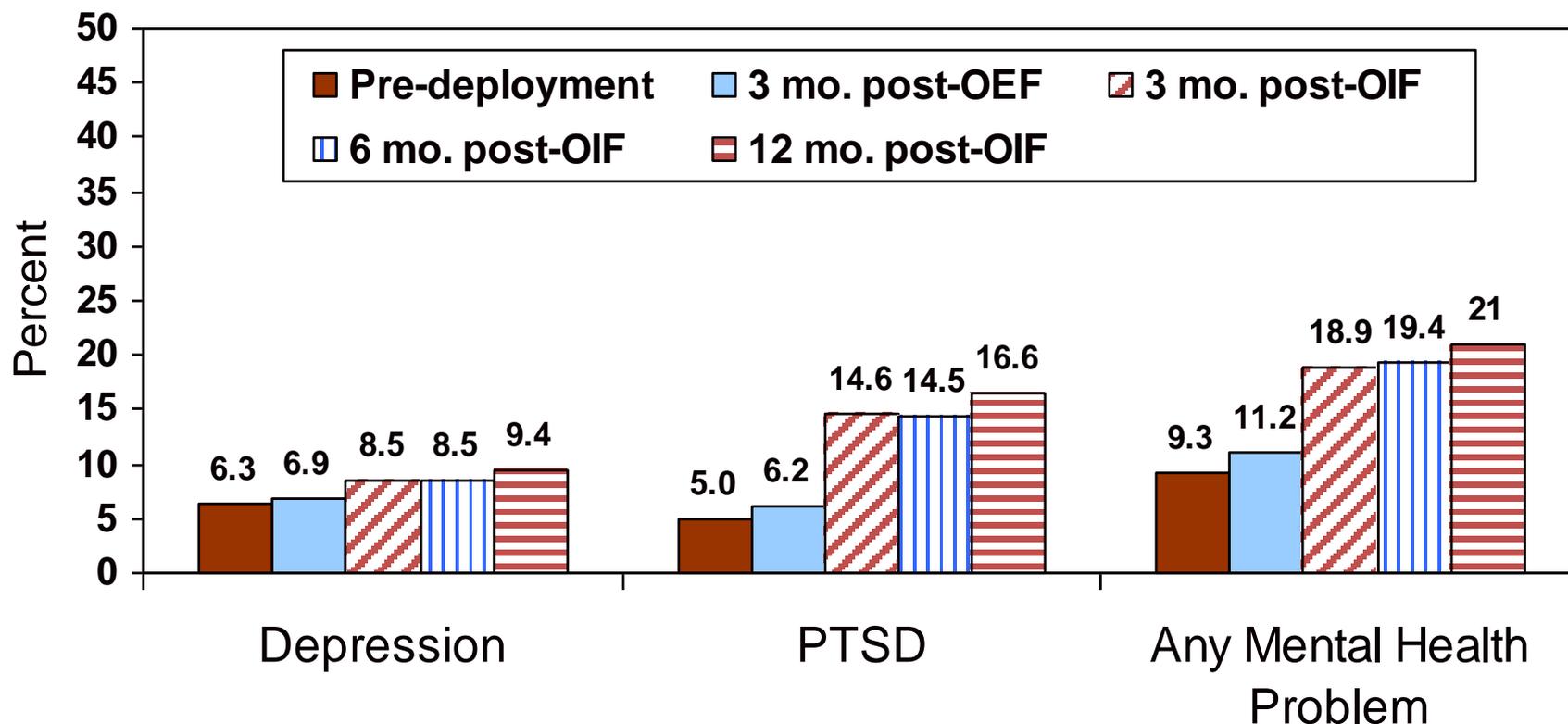


# Unique Challenges In Theater



*U.S. Air Force photo by Tech. Sgt. Cohen A. Young*

# Percent of Soldiers Screening Positive



# The Recovery Environment



- Transactional interplay between layers
- Interaction may be mutually helpful or disruptive
- Family is the closest social support
- Health of family and service member is interrelated

# Post-Deployment Health Reassessment (PDHRA) Results

ORIGINAL CONTRIBUTION

## Longitudinal Assessment of Mental Health Problems Among Active and Reserve Component Soldiers Returning From the Iraq War

Charles S. Milliken, MD  
Jennifer L. Auchterlone, MS  
Charles W. Hoge, MD

**O**UR PREVIOUS ARTICLE<sup>1</sup> described the Department of Defense's (DoD's) screening efforts to identify mental health concerns among soldiers and Marines as they return from Iraq and Afghanistan using the Post-Deployment Health Assessment (PDHA). However, the article also raised concerns that mental health problems might be missed because of the early timing of this screening. It cited preliminary data showing that soldiers were more likely to indicate mental health distress several months after return than upon their immediate return.<sup>2,3</sup> Based on these preliminary data, the DoD initiated a second screening similar to the first, to occur 3 to 6 months after return from deployment.<sup>4</sup>

This report reviews the mental health responses of the first cohort of soldiers to complete both the PDHA and the new Post-Deployment Health Reassessment (PDHRA) after return from the Iraq war. Because of the longitudinal focus of the study, we included soldiers only from the Iraq war (not from Afghanistan), the larger cohort with the most consistently high rates of combat exposure. We addressed several questions regarding the 2-screening programs: (1) Overall, what percentage of veteran soldiers of the Iraq war were

**Context** To promote early identification of mental health problems among combat veterans, the Department of Defense initiated population-wide screening at 2 time points, immediately on return from deployment and 3 to 6 months later. A previous article focusing only on the initial screening is likely to have underestimated the mental health burden.

**Objective** To measure the mental health needs among soldiers returning from Iraq and the association of screening with mental health care utilization.

**Design, Setting, and Participants** Population-based, longitudinal descriptive study of the initial large cohort of 88 235 US soldiers returning from Iraq who completed both a Post-Deployment Health Assessment (PDHA) and a Post-Deployment Health Re-Assessment (PDHRA) with a median of 6 months between the 2 assessments.

**Main Outcome Measures** Screening positive for posttraumatic stress disorder (PTSD), major depression, alcohol misuse, or other mental health problems; referral and use of mental health services.

**Results** Soldiers reported more mental health concerns and were referred at significantly higher rates from the PDHRA than from the PDHA. Based on the combined screening, clinicians identified 20.3% of active and 42.4% of reserve component soldiers as requiring mental health treatment. Concerns about interpersonal conflict increased 4-fold. Soldiers frequently reported alcohol concerns, yet very few were referred to alcohol treatment. Most soldiers who used mental health services had not been referred, even though the majority accessed care within 30 days following the screening. Although soldiers were much more likely to report PTSD symptoms on the PDHRA than on the PDHA, 45% to 59% of those who had PTSD symptoms identified on the PDHA improved by the time they took the PDHRA. There was no direct relationship of referral or treatment with symptom improvement.

**Conclusions** Rescreening soldiers several months after their return from Iraq identified a large cohort missed on initial screening. The large clinical burden recently reported among veterans presenting to Veterans Affairs facilities seems to exist within months of returning home, highlighting the need to enhance military mental health care during this period. Increased relationship problems underscore shortcomings in services for family members. Reserve component soldiers who had returned to civilian status were referred at higher rates on the PDHRA, which could reflect their concerns about their ongoing health coverage. Lack of confidentiality may deter soldiers with alcohol problems from accessing treatment. In the context of an overburdened system of care, the effectiveness of population mental health screening was difficult to ascertain.

JAMA. 2007;298(18):2141-2148

www.jama.com

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(Reprinted) JAMA, November 14, 2007—Vol 298, No. 18 2141

- Sampled over 88,000 service members
- Elevated rates of positive screening of PDHRA compared to PDHA
- Over 40 percent of combat veteran Reserve and National Guard components referred to mental health
- Variability in persistence of posttraumatic stress disorder (PTSD) symptoms between PDHA and PDHRA
- *Four fold increase in veteran concerns related to interpersonal conflict*
- Problems with mental health service access for non-active and family members

# Effects of PTSD on Families

- Vietnam veteran families with PTSD
  - Problems in marital and family adjustment, parenting and violent behavior<sup>1</sup>
  - Difficulty with intimacy correlated with severity of PTSD symptoms<sup>2</sup>
- Impact of mental illness in recent veterans<sup>3</sup>
- Three-fourths of married/cohabitating veterans reported family problem in past week<sup>3</sup>
- Veterans with depression or PTSD had increased problems<sup>3</sup>
- 1982 Lebanon War veterans<sup>4</sup>
- “Emotional sharing” moderator of PTSD effects on marital relationship and parental functioning<sup>4</sup>

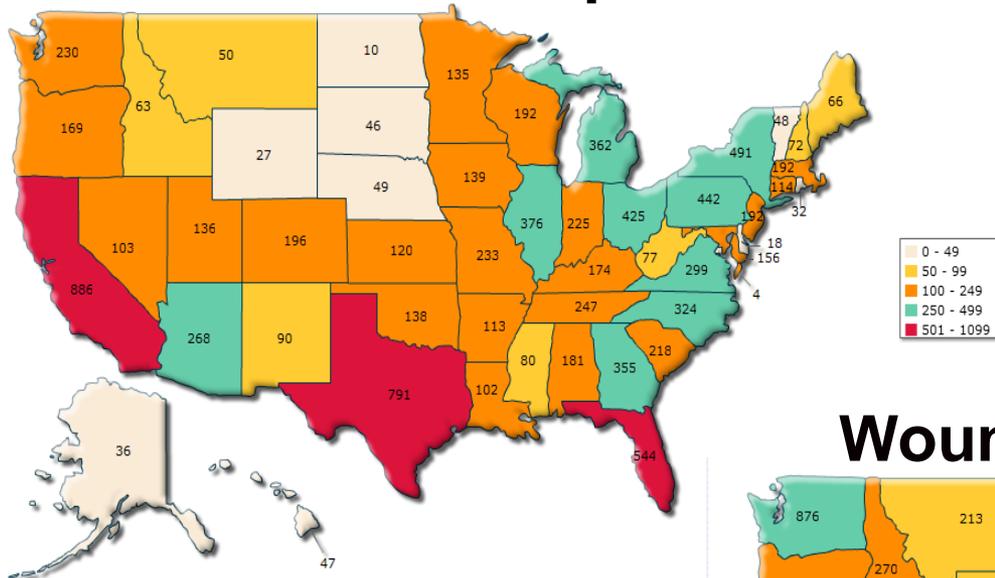
References: 1. Jordan, et al., 1992  
2. Riggs, et al., 1998; MacDonald, et al., 1999  
3. Sayers, et al., 2009  
4. Solomon, et al., 2011

# PTSD Mediating Factors

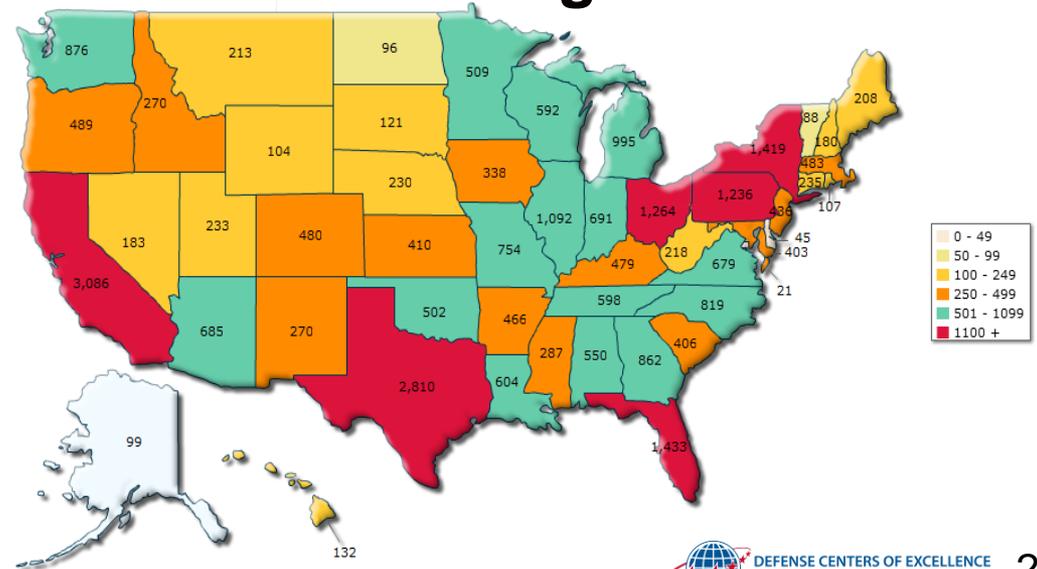
- Emotional numbing/avoidance
  - Most closely linked to interpersonal impairment in relationship with partners and children<sup>1</sup>
- Co-morbid veteran anger and depression as well as partner anger
  - Also mediate problems in Vietnam veterans' families with PTSD<sup>2</sup>

# Combat Injury

## Wounded in Iraq



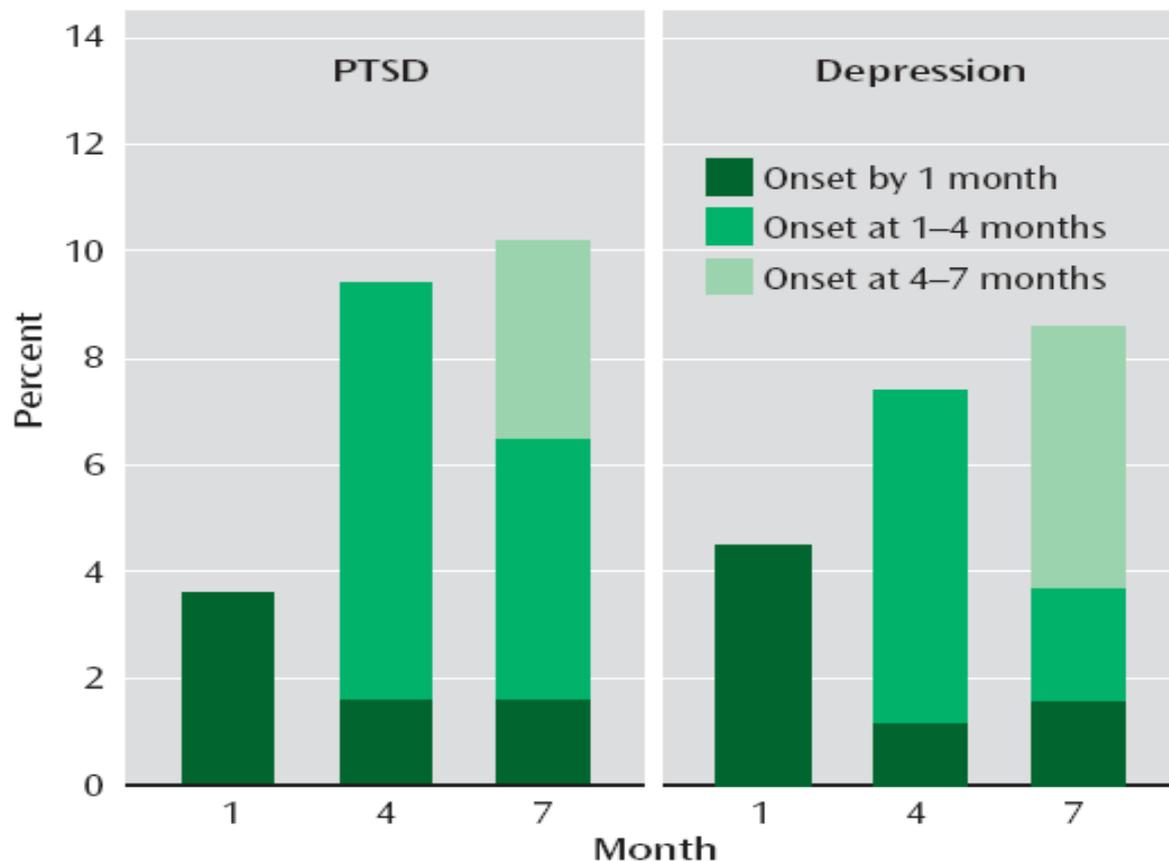
## Wounded in Afghanistan



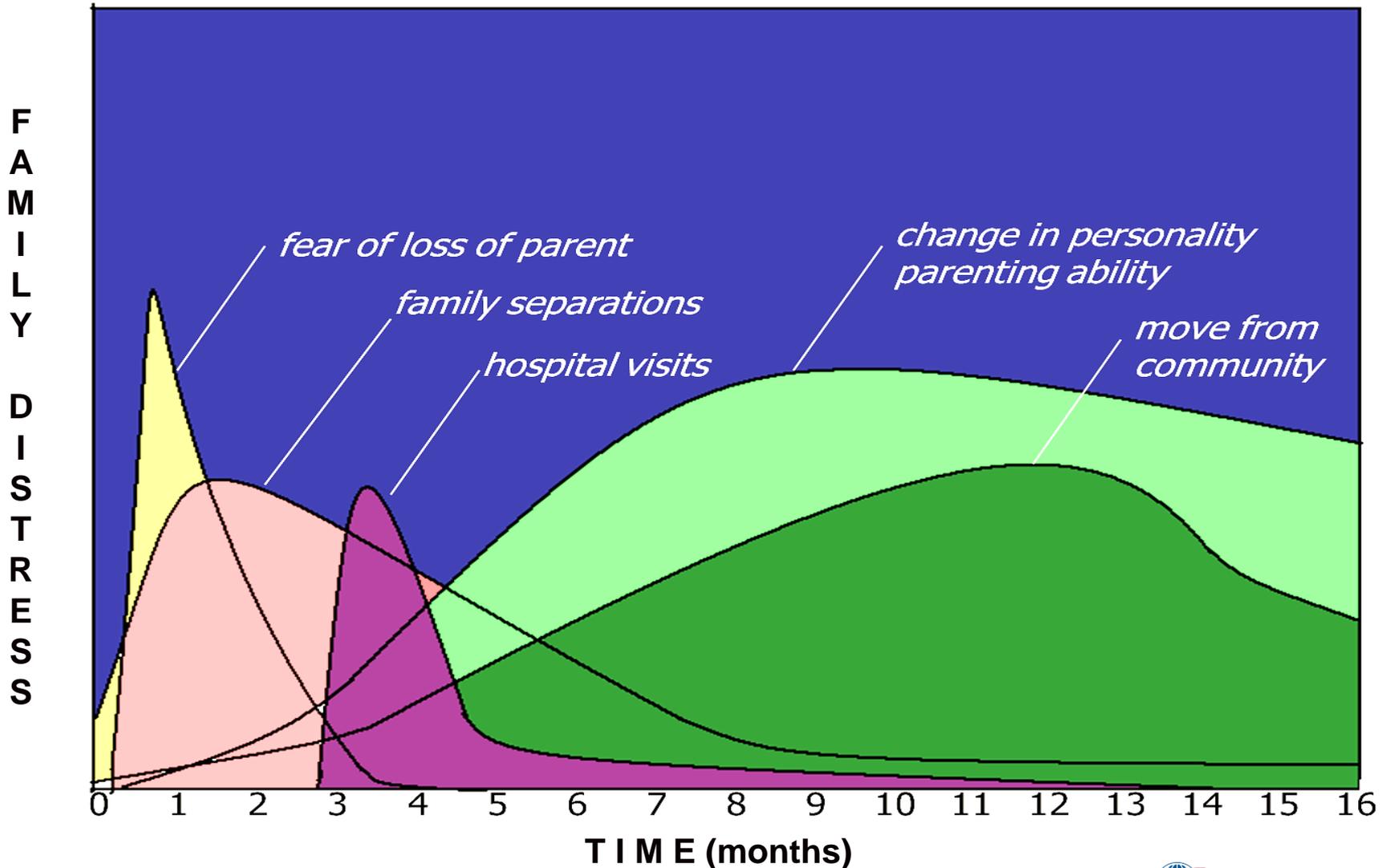
Reference: [icasualties.org](http://icasualties.org), 31 March 2012

# PTSD and Depression in Battle-Injured Soldiers

FIGURE 1. Rates of PTSD and Depression at 1, 4, and 7 Months Among 243 U.S. Soldiers With Serious Combat Injuries Who Completed All Three Assessments



# Injury Recovery Trajectory



# Impact of Injury on the Parenting Process

- Self concept of “idealized parent image” is challenged
- Must develop an integrated sense of “new self”
- Requires parent to “try on” new ways of relating
- Unique impact of TBI or co-morbid PTSD on parenting process

# Impact of Injury on Family Functioning

*Journal of Traumatic Stress*, Vol. 23, No. 1, February 2010, pp. 112–115 (© 2010)

## Combat-Injured Service Members and Their Families: The Relationship of Child Distress and Spouse-Perceived Family Distress and Disruption

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Carol S. Fullerton and Robert J. Ursano  
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*Combat injury in military service members affects both child and family functioning. This preliminary study examined the relationship of child distress postinjury to preinjury deployment-related family distress, injury severity, and family disruption postinjury. Child distress postinjury was assessed by reports from 41 spouses of combat-injured service members who had been hospitalized at two military tertiary care treatment centers. Families with high preinjury deployment-related family distress and high family disruption postinjury were more likely to report high child distress postinjury. Spouse-reported injury severity was unrelated to child distress. Findings suggest that early identification and intervention with combat-injured families experiencing distress and disruption may be warranted to support family and child health, regardless of injury severity.*

# Results

- Spouses reporting **high pre-injury, deployment-related family distress** were significantly more likely (odds ratio = 8.11) to report high child distress post-injury.
- After controlling for pre-injury, deployment-related family distress, families with **high family disruption post-injury** were significantly more likely (odds ratio = 21.25) to report high child distress.
- Injury severity was not significantly related to child distress.

# Parental TBI

## Impact of parental brain trauma on children

- Family burden: trigger to family violence and family disintegration
- Noticeable behavior changes in parent
  - Poor anger control
  - Poor impulse control
  - Use of threats, bullying and other child maltreatment

# FOCUS: Combat Injured

## (Families OverComing Under Stress)

- CDMRP<sup>1</sup> five year funded grant – randomized controlled trial
- FOCUS-CI is a family preventive intervention
- Addresses the unique needs of combat-injured families
- FOCUS-CI expands upon and combines two currently existing intervention programs
  - Families OverComing Under Stress<sup>2</sup>
  - Early Combined Collaborative Care<sup>3</sup>
- Partners – UCLA, Harvard and University of Washington



Image source: Focusproject.org

References: 1. *Congressionally Directed Medical Research Programs (CDMRP)*  
2. *Saltzman, Lester, Pynoos and Beardslee, FOCUS, 2008*  
3. *Zatzick, et al., ECCC, 2001*

# Defense Department Active-Duty Deaths



Image source: [arlingtoncemetery.mil/Gallery](http://arlingtoncemetery.mil/Gallery)

# Circumstances of Defense Department Active-Duty Deaths, 2001-2010

▪ Accident	34 percent
▪ Combat/Hostile action	29 percent
▪ Illness	15 percent
▪ Self-inflicted injury	13 percent
▪ Homicide	3 percent
▪ Undetermined	1 percent
▪ Pending	1 percent
▪ Terrorist attack	.003 percent

# Combat Death

- Impact of sudden, violent traumatic death<sup>1</sup>
- No empirical studies of the impact of combat death on U.S. military families
  - Parental bereavement<sup>2</sup>
  - Child bereavement<sup>3</sup>
- Military families – families of origin/families of procreation

References: 1. Kaltman and Bonanno, 2001  
2. Rubin, 1990, 1992  
3. Kaffman and Elizur 1983; Bachar, et al., 1997

# Unique Characteristics of Military Combat Death

- Sudden, violent, but not entirely unanticipated
- Can follow long periods of separation from family
- May follow hospitalization overseas or in United States
- Notification and information sharing
- Condition and transfer of bodily remains
- Rites and rituals
- Military funerals are public events

# Military Community Support

- Military benefit programs
  - Casualty affairs support, death gratuity benefit, service members' group life insurance, TRICARE
- Continued availability of military community support services – housing/commissary/post exchange
- Community based grief support – TAPS, Gold Star Wives, Gold Star Mothers, SOS
- Transitions - those who stay/leave military communities
  - National Guard/Reserves
- Differential treatment of groups, e.g., suicide
- Active rejection of military organizational support

# Meaning Making

- **Duty** and **mission** to death acceptance
  - *Civil War “The Good Death,”* Drew Gilpin Faust
- Family connection/disconnection with military culture
- Military rites and rituals/funerary ceremonies
- Media and political contributions

# Children and Death

- Increased risk for young, parentally-bereaved children<sup>1</sup>
- Additional military exposures
  - Notification
  - Funeral services
  - Community transitions
  - Traumatic reminders
- Childhood traumatic grief – added risk?
- Sibling death

# National Military Family Bereavement Study



[militarysurvivorstudy.org](http://militarysurvivorstudy.org)

# Military Children

## Continued Questions

- Literature is limited
- Health of military children – inherent strength
- Elevated distress/symptoms in deployed families
- Differentiate and assess groups with risk factors
  - Single parents, dual military parents, multiple combat deployments, injury, parental illness, death

# Military Children Building Resilience

- Target and support normative family/parenting practices that are impacted
- Effective communication
- Psychoeducation
- Emotion regulation
- Reducing reactivity/ensuring safety
- Opportunities for positive engagement
- Access to resources
- Identifying and treating illness/risk

# Thank You

- Throughout the webinar, you are welcome to submit questions via the Adobe Connect or Defense Connect Online question box located on the screen.
- The question box is monitored during the webinar and questions will be forwarded to our presenters for response during the Question-and-Answer Session during the last half hour of the webinar.
- Our presenters will respond to as many questions as time permits.

# Second Polling Question

If you work with military children, what age group(s) do you treat?

Please select all that apply.

- Not applicable
- 0-5 years old
- 6-10 years old
- 11-13 years old
- 14-18 years old



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# Children of Deployed Parents: Health Care Provider Strategies for Enhancing Coping Skills

**Michelle D. Sherman, Ph.D.**

Director, Family Mental Health Program

Oklahoma City VA Medical Center

Professor, University of Oklahoma Health Sciences Center



# Required Disclaimer

I have disclosed a financial relationship as the author of books for teens whose parent has experienced deployment, trauma/posttraumatic stress disorder (PTSD) and mental illness.

I am not representing the Department of Veterans Affairs. I have taken annual leave to present during this webinar today.

# Overview

- Strategies to support families navigating challenges of deployment/reintegration
  - Child well-being
  - Parent well-being
  - Parent/child relationships and family functioning
- Resources providers can recommend for children with deploying parents

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# Child Well-being

# Child Well-being

- Insomnia
  - **Over half** said their child had trouble sleeping<sup>1</sup>
- Possible physiological changes
  - Teens whose parents had been deployed to Iraq had significantly higher levels of systolic **blood pressure**, **heart rate** and **perceived stress** than a civilian comparison group<sup>2</sup>
- Elevated rates of worry, anxiety and psychosocial problems

# Quote from Erika, age 17

*“...it’s hard to have fun when at that same moment he might be in the middle of a battle. I could be laughing and singing and right at that moment, he could be getting shot or bombed, or maybe he’s hurt or scared. Why should I have fun when he’s not?”*

# Quote from Child

*“Most of my grades dropped because I was thinking about my dad, because my dad’s more important than school.”*



Image source: [hhs.gov](http://hhs.gov)

# Supporting Youth

- Teach kids how to get a good night's sleep
- Discuss effective ways of managing strong emotions
  - Identification and acceptance of emotions
  - Relaxation strategies (deep breathing, imagery, progressive muscle relaxation)
  - Skills in managing anger (e.g., “turtle technique,” time-out, etc.)

# Supporting Youth

- Teach coping tools via a game or activity

**H – Helping others**

**E – Express my feelings**

**L – Laugh and have fun**

**P – Peaceful place**

# Ask Me Why I'm Hopeful!



# *“Ask Me Why I’m Hopeful” Rap Song*

*You ask me why I’m hopeful, I’ll tell you true  
Cuz I’ve got tools to help me through.*

*Helping others, that’s a must!  
Talk about my feelings with people I trust.*

*Laugh and have fun, run a race  
Zone, chill out in a peaceful place.*

*So don’t you worry, don’t you pine  
I’m a military kid and I’ll be fine!*

# Supporting Military Youth

- Encourage involvement in social activities
- Create opportunities for peer support/groups/activities
- Normalize a variety of responses to having a parent deployed (worry, sadness, poor concentration)

# Supporting Military Youth

- Explore with kids how they've coped effectively with past challenges to empower them with sense of efficacy of dealing with deployment/reintegration
- Encourage youth to limit their exposure to media (news, internet, war movies) that depicts graphic images of war
- Encourage youth to maintain positive friendships and support outside of the family (in school, church, sports, community, etc.)

# Honor and Thank Military Kids

Create opportunities to **honor** and **thank** military kids

- Manicures and pedicures, or braid children's hair
- Solicit civilian middle and high school students (e.g., confirmation classes, National Honor Society, sports teams) to volunteer
  - Play sports
  - Make jewelry or bracelets
  - Do face painting

# Honor and Thank Military Kids

- Have special recognitions in school setting (via announcements, hang pictures, etc.)
- Post photos and short stories in public places (e.g., doctor's offices, schools, places of worship) thanking military families

***“If you want to honor a service member, the best way to accomplish this is to honor and support their legacy, their children.”***

Col. Elisabeth Stafford, M.D. (Ret)

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# Parental Well-being

# Parental Well-being

**Parents are stressed...and the best predictor of kid functioning is caregiver functioning!**

- Parenting stress levels were double that of normative data<sup>1</sup>
- One-third of at-home caregivers showed significant elevations on the Brief Symptom Inventory<sup>2</sup>

# U.S. Army Wives Experiencing Higher Rates of Mental Illness

- Reviewed medical record data for more than 250,000 wives of active duty U.S. Army soldiers
- Women whose husbands were deployed received more diagnoses of **depression, sleep disorders, anxiety, adjustment disorder and acute stress reaction** (versus wives whose husbands had not deployed)
  - The longer the husband's deployment, the greater the percent of wives with diagnoses

# Quote from Matthew, age 11

*“She (Mom) was so stressed out so she’d yell a lot, and I was stressed and I’d yell back, and the whole thing was really a mess. What was going on was that we were both worried about Dad, and there was nothing we could do about that. We couldn’t go over to Afghanistan and make him come home with us. So we **didn’t have any power** to make our **worry** go away. We were **scared** and **frustrated** and angry, and we yelled at each other because we didn’t know what else to do.”*

# Supporting Parents

- The necessity of self-care for themselves as parents (e.g., alone time, exercise, time with friends, hobbies)
- The importance of committing time and energy to their marriage/intimate relationship before and after deployment...doing so is important for the couple, but it's also being good parents!

# Supporting Parents

- Accepting deployment as a part of military life can help the family cope
- Warning signs to look out for in themselves and their kids (e.g., when to seek professional help)
- Information about community resources – both for themselves and their children

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# Parent-Child Relationship/ Family Functioning

# Parent-Child Relationship/Family Functioning

Some parents are having difficulty with parenting and reconnecting with their kids

- Of the 199 veterans referred for mental health evaluation at the Philadelphia VA
  - 75 percent of the married/cohabiting veterans had “some family problem” in the past week
  - 25 percent said **my children are “afraid or are not warm to me”**
  - 37 percent felt “unsure of my role in the family”

# Parent-Child Relationship/Family Functioning

- Of 1,226 Operation Enduring Freedom/ Operation Iraqi Freedom veterans receiving VA medical care, 29 percent had **difficulty “getting along with children”**<sup>1</sup>
- We know that parent-child relationships are important
  - Families with poor youth-caregiver communication reported more problems with youth well-being<sup>2</sup>

# Quote from a Paratrooper Home from Iraq

*“Before I deployed down range, I was different about my wife and kids. Now that I’m back I can only let them get so close before I have to get away from them. I used to have fun letting my boys jump and crawl all over me. We would spend hours playing like that. Now I can only take a couple of minutes of it before I have to get out. I usually get in my truck and drive back to the base to be with my platoon.”*

# Supporting the Parent-Child Relationships

- Emphasize importance of affirmation/praise of their children
- Encourage parents to have special alone time with each child throughout the deployment cycle

# Supporting the Parent-Child Relationships

- Empower parents about the importance of maintaining consistent expectations **and** reasonable, firm and consistent limits
- Emphasize the benefits of family routines, activities and rituals
- Work with parents to help their children feel safe, secure and confident that they will always be cared for (this includes limiting media exposure)

# Our Family Meeting Book

Normalize conflicts that may arise in the family as a result of a parent's absence. Encourage youth to share how they feel in regular family meetings.

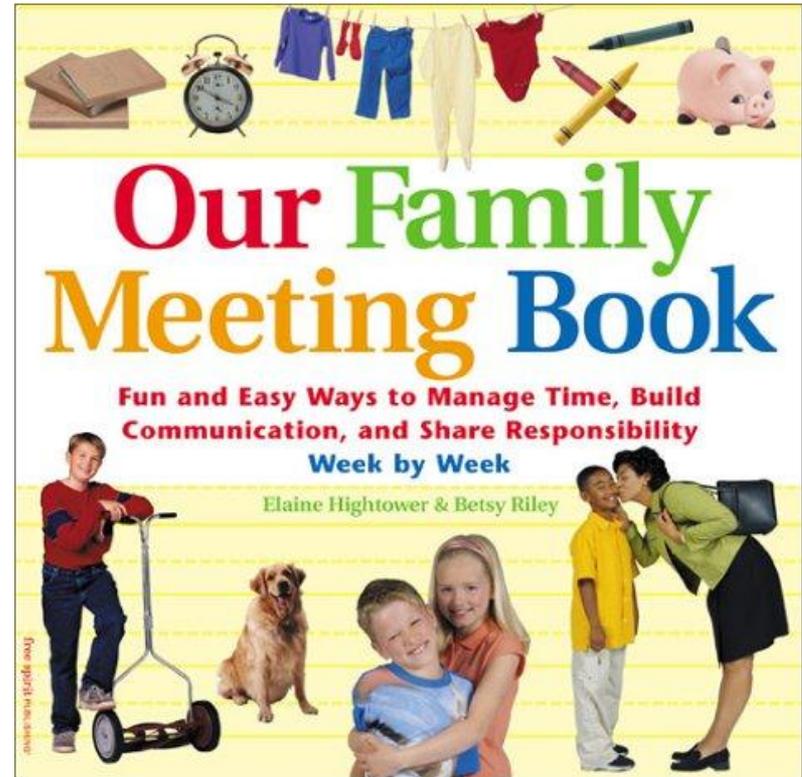


Image source: Amazon.com

# Resources for Children with Deploying Parents

## Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury's *Children of Military Service Members Resource Guide*

- Videos
- Organizations and websites
- Books

# Resources: Videos

- *Youth Coping with Military Deployment: Promoting Resilience in Your Family and Mr. Poe and Friends*
  - [aap.org](http://aap.org)
- *Young Children on the Homefront*
  - [zerotothree.org](http://zerotothree.org)
- *Talk, Listen, Connect: Deployments, Homecomings, Changes*
  - [sesameworkshop.org](http://sesameworkshop.org)



Image source: [sesameworkshop.org](http://sesameworkshop.org)

# Resources: Organizations/Websites

- Military Child Education Coalition
  - [militarychild.org](http://militarychild.org)
  - Living in the New Normal (LINN) workshop
- Military OneSource (1-800-342-9647)
  - [militaryonesource.com](http://militaryonesource.com)
- Military Kids Connect
  - [militarykidsconnect.org](http://militarykidsconnect.org)
- Sesame Street Military Families Near and Far
  - [familiesnearandfar.org](http://familiesnearandfar.org)
- Operation Military Kids
  - [operationmilitarykids.org](http://operationmilitarykids.org)

# Operation Purple Camp

- National Military Family Association (NMFA)
  - [militaryfamily.org](http://militaryfamily.org)
  - **Operation Purple Healing Adventures** is a **FREE** camp for wounded service members and their families held at locations across the United States
    - Involves fun family-centered activities with opportunities for individual as well as couples' seminars and activities

# Courage to Care, Courage to Talk About War Injuries

- Courage to Care, Courage to Talk About War Injuries
  - [couragetotalk.org](http://couragetotalk.org)
    - Developed by the Center for the Study of Traumatic Stress
    - Provides educational information for providers and families about TBI and war injury
    - Includes information about talking to children about war injuries

# Veteran Parenting Tool Kits

- **FREE** and available online
  - [ouhsc.edu/VetParenting](http://ouhsc.edu/VetParenting)
    - Five age-based parenting tool kits for OEF/OIF veterans and their partners
    - Oklahoma City VA's Family Mental Health Program

# Parenting Tool Kit Topics

- Did you know?
  - (Interesting facts about children this age)
- Cognitive, social and physical development
- Reconnecting with your child after deployment
- How to talk to your child about deployment
- Strengthening your relationship with your child
- Managing common behavioral challenges
- Red flags for concern
- Taking care of yourself as a parent
- Reconnecting with your partner after deployment and communication tips for couples
- Resource guide

# Books for Youth

- *I Miss You: A Military Kid's Book About Deployment*<sup>1</sup>
- *Daddy, You're My Hero! / Mommy, You're My Hero!*<sup>2</sup> (for kids ages 4 to 8)
- *You And Your Military Hero: Building Positive Thinking Skills During Your Hero's Deployment*<sup>3</sup>
- *Why Are You So Scared? A Child's Book About Parents With PTSD*<sup>4</sup>

References: 1. Andrews, 2007  
2. Ferguson-Cohen, 2005  
3. Jensen-Fritz, et al., 2009  
4. Andrews, 2011



# *My Story: Blogs by Four Military Teens*

- Identify the coping skills the teens use
- Act out the roles of Mariah, Meredith, Carlos and Adam
- Use the “This is what I learned” at the end of each blog to generate discussion
- Have the preteens and teens write their own story at the end of the book.

# ***Finding My Way: A Teen's Guide to Living with a Parent Who Has Experienced Trauma***

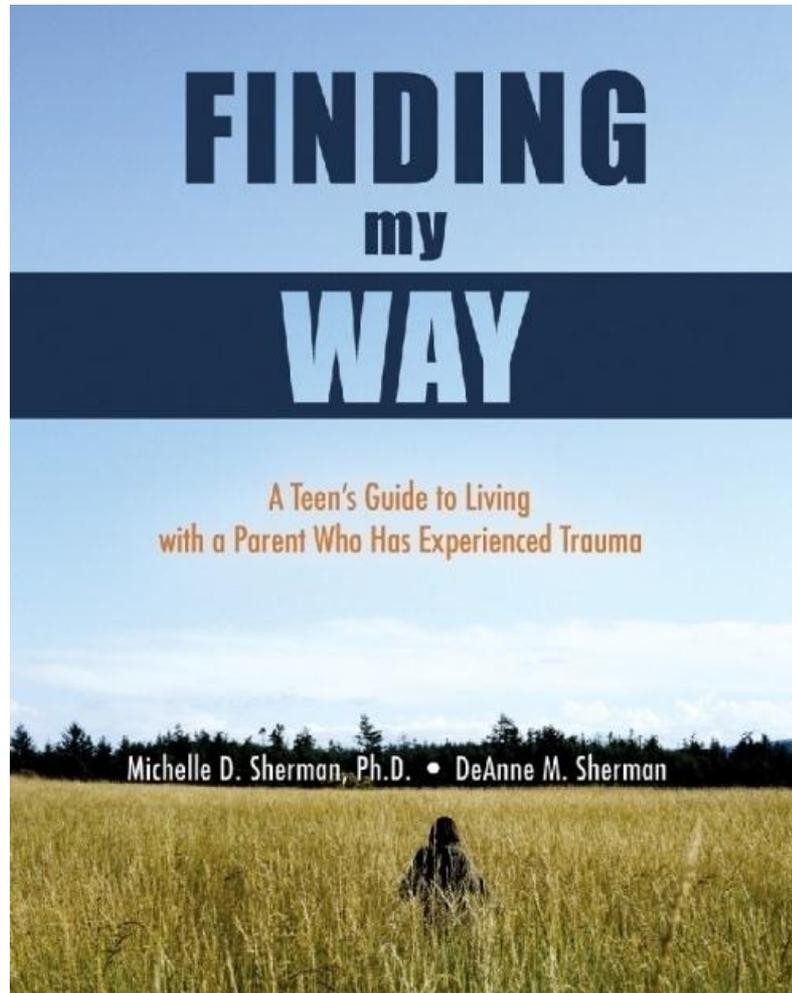


Image source: [www.SeedsofHopeBooks.com](http://www.SeedsofHopeBooks.com)

For youth ages 12-18

Michelle D. Sherman, Ph.D.  
and DeAnne M. Sherman

[SeedsofHopeBooks.com](http://SeedsofHopeBooks.com)

# ***Finding My Way Provides***

- Comfort in knowing that they are not alone
- Facts presented in clear, concise language
- Opportunities for reflection and journaling
- Tips on healthy coping skills
- Help in identifying supportive people and in dealing with friends
- Encouragement to take good care of themselves
- Resources for further learning
- Support, encouragement and hope

# Educational / Interactive Elements

- Short stories depicting:
  - Parental reactions to trauma
  - Common responses among youth
  - Adaptive coping strategies for teens
- Reflection questions
- “Think about a time when...”
- Open-ended sentences
- Inspirational quotes and poems
- Eight key lessons

# Opportunities for Growth

- *Finding My Way* strives to stimulate helpful discussions
- Going through difficulties can bring families closer
- Family members may discover strengths, resilience and courage in themselves and each other
- Families can grow by communicating openly and supporting one another, so that they can navigate future difficulties more effectively

# Thank You

Thank you for your commitment  
to our military youth!

For questions about  
*Finding My Way* and *My Story*  
Please contact me at  
**Michelle-Sherman@ouhsc.edu**

# Thank You

- Throughout the webinar, you are welcome to submit questions via the Adobe Connect or Defense Connect Online question box located on the screen.
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**DEFENSE CENTERS OF EXCELLENCE**  
For Psychological Health & Traumatic Brain Injury

# MilitaryKidsConnect.org

**Kelly A. Blasko, Ph.D.**

Project Manager/Counseling Psychologist, Population & Prevention Programs  
National Center for Telehealth and Technology



# Required Disclaimer

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I have no relevant financial relationships and do not intend to discuss the off-label / investigative (unapproved) use of commercial products/devices.



**NATIONAL CENTER FOR  
TELEHEALTH & TECHNOLOGY**

a DCoE Center



**Kids Deploy Too!**  
MilitaryKidsConnect.org

**Dr. Kelly A.  
Blasko**

Psychologist and  
Project Lead  
Population & Prevention Programs  
Project Overview  
26 April 2012

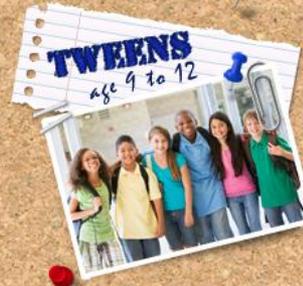
# Welcome Page



**Kids Deploy Tool**

**Brand New!**  
What do you think?

Username  
Password  
[Sign In](#) or [Sign Up](#)



Dear Parents and Caregivers,  
We are excited to announce the launch of the Military Kids Connect website. This new platform is designed to provide our military children and their families with the support and resources they need during deployment. We have a variety of resources for kids, tweens, and teens, including videos, games, and interactive tools. We also have a dedicated section for teachers and parents/caregivers. We hope you will find this website helpful and enjoyable. Thank you for your support and service.



**Teachers**  
**Parents & Caregivers**

[Terms of Use](#) | [Privacy Policy](#) | [Security Endorsements](#) | [Site Map](#)



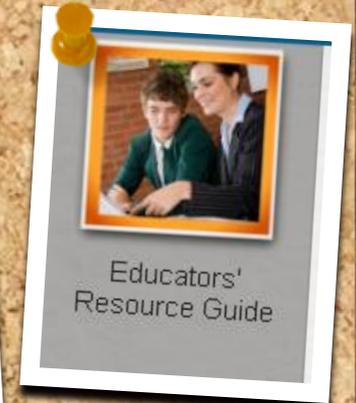
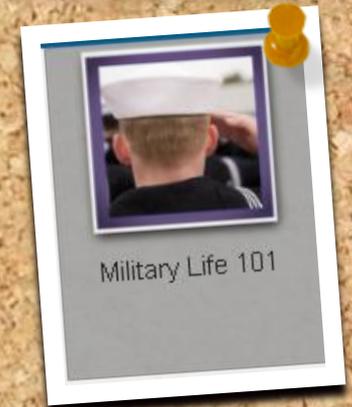
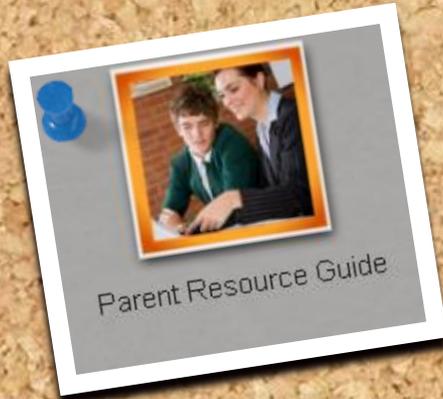
[About Us](#) | [Contact Us](#) | [Help](#)



# Website Activities



# Parent and Educator Resources



# Message Board

## Features

- For Tweens and Teens Only
- Parental Approval Required
- Personalized Avatar
- User-Created Topics
- Real-Time Posts
- Moderation



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# Webinar Evaluation / Feedback

## We want your feedback!

- Please take the [Interactive Customer Evaluation](#) found on the Monthly Webinar section of the DCoE website
- Or, send comments to [DCoE.MonthlyWebinar@tma.osd.mil](mailto:DCoE.MonthlyWebinar@tma.osd.mil)

# CEUs and CME Credits

If you pre-registered for this webinar and want to obtain a continuing education certificate, you must complete the online CEU/CME evaluation.

- Did you pre-register **prior** to Monday, **April 23, 2012**?
  - **If yes**, please visit [conf.swankhealth.com/dcoe](http://conf.swankhealth.com/dcoe) to complete the online CEU/CME evaluation and download your continuing education certificate.
  
- Did you pre-register between Tuesday, **April 24, 2012**, and now?
  - **If yes**, your online CEU/CME evaluation and continuing education certificate **will not be available** until Monday, **April 30**.
  
- The Swank Health website will be open until **May 21, 2012**.
  - **If you did not pre-register**, you will **not** be able to receive CE credit for this event.

# Save the Date

DCoE Monthly Webinar:

## *Treating Depression in Primary Care*

May 24, 2012  
1-2:30 p.m. (EDT)

MAY						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

For more information, please visit [dcoe.health.mil/webinars](http://dcoe.health.mil/webinars)

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# DCoE Contact Info

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DCoE Call Center

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[dcoe.health.mil](http://dcoe.health.mil)

[resources@dcoeoutreach.org](mailto:resources@dcoeoutreach.org)