

Part 4, Course 5T

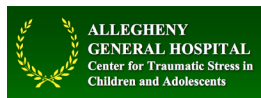
(Study Guide 4)



Traumatic Grief in Military Children

Information for Medical Providers

In Partnership with



This project was funded in part by the Substance Abuse and Mental Health Services Administration (SAMHSA), US Department of Health and Human Services (HHS).

This project was funded in part by a mini-grant from the National Center for Child Traumatic Stress (NCCTS), the coordinating center of the National Child Traumatic Stress Network (NCTSN).

The Nature of Grief

As a health-care professional and a trusted adult in many children's and parents' lives, you have an opportunity to help when a military family member dies. By carefully observing children who are experiencing childhood or traumatic grief, by offering empathetic support, and by suggesting referrals to mental health professionals and other resources when appropriate, you play a vital role in caring for children of military families.

Introduction to Childhood Grief

Like adults, children and teens may feel intense sadness and loss, or "grief," when a person close to them dies. And like adults, children and teens express their grief in how they behave, what they think and say, and how they feel emotionally and physically. **Each child and parent grieves differently, and there is no right or wrong way or length of time to grieve.**

Some grief reactions cut across children's developmental levels, and children may show their grief in many different ways. For example, bereaved children or teens of any age may sleep or cry more than usual. They may regress and return to earlier behaviors, or they may develop new fears or problems in school. They may complain about aches and pains. They may be angry and irritable, or they may become withdrawn and isolate themselves from family and friends.

Bereaved children may also act in uncharacteristic ways that those around them may not recognize as grief reactions. For example, a quiet toddler may have more tantrums, an active child may lose interest in things he or she used to do, or a studious teen may engage in risky behavior. Whatever a child's age, he or she may feel unrealistic guilt about having caused the death. Sometimes bereaved children take on adult responsibilities and worry about their surviving parent and about who would care for them if that parent died as well. These worries can be especially acute if the surviving parent is also in the military.

Traumatic Grief in Military Children

Sometimes, the reactions of some children and teens to the death of a parent or someone close to them may be more intense than the common deep sadness and upset of grief. In *childhood traumatic grief*, children develop symptoms associated with *posttraumatic stress disorder* (PTSD). (**Table 1** describes examples of common and traumatic grief reactions at various ages.)

Children of military families may be more likely to experience these intense reactions if, for example, the death was sudden or traumatic, if it occurred under terrifying circumstances, or if the child witnessed or learned of horrific details surrounding the death. Also, although posttraumatic stress reactions may occur after a deployed parent has been killed in combat, symptoms can also appear when death comes weeks or months after an initial combat injury, even if the death has been anticipated by the child or by adults in the child's life.

Not all children who experience the death of someone special under traumatic circumstances develop traumatic grief. However, in some cases, children may develop symptoms of PTSD that interfere with their ability to grieve and to call up comforting memories of the person who died. Traumatic grief may also interfere with everyday activities such as being with friends and doing schoolwork. PTSD symptoms in children with traumatic grief can include:

- ◆ **Reliving aspects of the person's death or having intrusive thoughts**, for example, experiencing nightmares about the death, not being able to stop thinking about how the person died, imagining how much the person suffered, or imagining rescuing the person and reversing the outcome.
- ◆ **Avoiding reminders of the death or the person who died**, for example, by avoiding pictures of the deceased person or news about the military, by not visiting the cemetery, by not wanting to remember or talk about the person, or by feeling emotionally numb.
- ◆ **Increased arousal**, being nervous and jumpy or having trouble sleeping, having poor concentration, being irritable or angry, being "on alert," being easily startled, and developing new fears.

In general, if it becomes apparent that children or teens are having very upsetting memories, avoiding activities or feelings, or experiencing physical, emotional, or learning problems, they may be having a traumatic grief reaction. (See **Table 1.**)

You may wish to suggest that the family seek help or counseling for a child or teen if grief reactions seem to continue without any relief, if they appear for the first time after an initial period of relative calm, if they get worse, or if they interfere with the child's being with friends, going to school, or enjoying activities.

Table 1. Children’s Understanding of Death and Reactions to Grief

Age	Understanding of death	Common grief reactions	Traumatic grief reactions
<p>Preschool and young children</p>	<ul style="list-style-type: none"> Do not understand that death is final. May think that they will see the person again or that the person can come back to life. May think it was their fault that the person died. 	<ul style="list-style-type: none"> May become upset when their routines change. May get worried or fussy when apart from their usual caregivers and may be clingy and want extra attention. May express fears, sadness, and confusion by having nightmares or tantrums, being withdrawn, or regressing to earlier behaviors. 	<ul style="list-style-type: none"> May repetitively engage in play about the death or the person who died. May have problems getting back on schedule or meeting developmental milestones. May have difficulty being comforted.
<p>School-age children</p>	<ul style="list-style-type: none"> Gradually gain a more mature understanding of death. Begin to realize that death is final and that people do not come back to life. May have scary beliefs about death, like believing in the “boogey man” who comes for the person. 	<ul style="list-style-type: none"> May ask lots of questions about how the person died and about what death means. May display distress and sadness in ways that are not always clear, like being irritable and easily angered. May avoid spending time with others. May have physical complaints (headaches, stomachaches). May have trouble sleeping. May have problems at school. May have no reaction at all. May dream of events related to the death or war. May want to call home during the school day. May reject old friends and seek new friends who have experienced a similar loss. 	<ul style="list-style-type: none"> May repeatedly talk or play about the death. May have nightmares about the death. May become withdrawn, hide feelings (especially guilt), avoid talking about the person or about places and/or things related to the death. May avoid reminders of the person (for example, may avoid watching TV news or refuse to attend the funeral or visit the cemetery). May become jumpy, extra-alert, or nervous. May have difficulty concentrating on homework or class work, or may suffer decline in grades. May worry excessively about their health, their parents’ health, or the health and safety of other people. May act out and become “class clown” or “bully.”
<p>Teens</p>	<ul style="list-style-type: none"> Have a full adult understanding of death. 	<ul style="list-style-type: none"> May have similar grief reactions to those of school-age children when at home, with friends, and at school. May withdraw, become sad, or lose interest in activities. May act out, have trouble in school, or engage in risky behavior. May feel guilt and shame related to the death. May worry about the future. May hide their true feelings. 	<ul style="list-style-type: none"> May have similar traumatic grief reactions to those of school-age children when at home, with friends, and at school. May avoid interpersonal and social situations such as dating. May use drugs or alcohol to deal with negative feelings related to the death. May talk of wanting to harm themselves and express thoughts of revenge or worries about the future. May have low self-esteem because they feel that their family is now “different” or because they feel different from their peers.

Grief in Military Families

Since 2001, thousands of military children have had parents killed in combat operations in Iraq and Afghanistan. Many other children have had siblings, cousins, and other relatives die in war. Children who lose military family members during wartime are similar to other grieving children in many ways. Like other American children, they come from families of varying diversity and configuration. However, those who care for or work with grieving military children should be aware of certain unique aspects of military family loss.

For one thing, many military service parents may have been deployed for extended periods of time before dying. Because of this, children who may already have been dealing with their parent's physical absence for some time may not experience any immediate changes in their day-to-day life when they learn of the death. **Their past experience with the person's absence may make it hard for some children to accept the permanence of their loss or to take part in their family's grieving.**

In addition, military deaths during wartime are part of public events, which diminishes the privacy that families usually have when grieving. This lack of privacy can make it more difficult for family members and other caring adults to protect children from unexpected or unwanted intrusions into family mourning.

Also, given the political nature of war and the public nature of military deaths, military children may feel confused by how the death is reported or framed within their families, in their school, or in their community. A child who overhears conversation that a parent died "needlessly" in an "unnecessary" war may find it much harder to accept and integrate that death than a child whose parent's death is considered "noble" or "heroic." Also, older teenagers may have their own opinions and feelings about the war, and these may either ease or complicate their grief over the loss of their loved one.

Military deaths may be experienced differently by families and communities depending upon how they are perceived. Many military children lose loved ones to combat, and in some cases, the body may be disfigured, for example, if the death was caused by an improvised explosive device (IED). Many other deaths occur as the result of accidents, risk-related behaviors, medical illnesses, or suicide. Any of these circumstances can further complicate children's reactions and affect their ability to integrate their loss.

Bereaved families who live on military installations will likely be surrounded by community support and interest. However, the combination of sadness and fear brought about by a death can be challenging for bereaved military children when they are with other military classmates who are not bereaved.

Also, Reserve and National Guard families, or families who live outside military communities, may find that their unique grief is less well understood by others around them, and children who attend schools with few other military children may find themselves isolated in their experiences of loss. They may feel that others do not fully understand what they are going through.

After a parent dies, military children often experience additional stresses that further magnify the effects of their loss. For example, they may have to move from the military installation where they have lived to a new community where those around them are unaware of their military identity or of the nature of their family member's death. In such circumstances, military children may find themselves suddenly no longer "military" in that they lose that identity in addition to leaving behind their friends and familiar activities, schools, or child-care providers. Once in their new community, children and families must also decide what they want to share with others about the person and about their military-related experience.

How You Can Help Military Children and Their Families in Your Health-Care Practice

The previous sections and Table 1 describe important grief reactions that you may observe, encounter, or be told about by attending adults during health-care visits with military children who have lost a loved one.

Empathetically acknowledging the death of the loved one and recognizing its impact are important to providing care to children of military families. Let them know that you care. The following strategies and tips will help you to support children of any age.

How to Help Children and Family Members

- ◆ **Become aware.** Many military children in your practice may have family members deployed away from home to operations in Iraq, Afghanistan, or elsewhere. In such cases, the children may be brought to clinical appointments by a caregiver or someone other than their parent. When a child's parent has died, the child or the accompanying adult may not realize the value of sharing the history of the parental death with the clinician.

TIP: Ask questions about parents or other family members who may currently be serving or have served in the armed forces.

- ◆ **Maintain contact.** Children who have lost loved ones as a result of military service may experience changes in their regularly scheduled health care. Some may continue to come in for well-child care on a routine basis, but many may not follow up for scheduled well-child appointments, or they may present with more frequent unscheduled appointments as crises develop.

TIP: If you become aware of a death in the family and a child is missing appointments, consider having your office call the family to reschedule and to gain insight into what might facilitate routine care.

- ◆ **Ensure continuity of care for children in families who have lost someone in combat.** Developing relationships with these children and their families will ensure that you can monitor their health and adjustment over time.

TIP: Assign a single health-care practitioner for well-child appointments, rather than rotating providers to families where a military death has occurred. This will ensure that important changes or deteriorations in health or development are not missed and will reinforce a sense of security for the child and the family.

- ◆ **Watch for emotional and behavioral symptoms.** Children who have emotional concerns often manifest them through physical symptoms such as stomachaches or headaches, changes in sleeping or eating patterns, lack of energy or listlessness, developmental

regression, or vague pains. As a result, children who have lost loved ones in war may present to health-care clinics or emergency rooms with symptoms that are more representative of an emotional rather than a physical etiology.

TIP: You may encounter children whose physical symptoms represent emotional rather than physical concerns. Ask questions about stresses that may be contributing to these symptoms.

Children of all ages may present with “internalizing” symptoms such as sadness, worry, or preoccupation as a result of a family member’s death, but they may also present with “externalizing” symptoms such as oppositionality or uncontrolled behavior that may be interpreted as disciplinary problems rather than expressions of emotional worries.

TIP: Look for and ask about uncharacteristic changes in behavior in military children that might indicate an emotional response to the death of a loved one.

Typically, teenagers pose unique challenges to health care. After the death of a loved one, teens may try to deal with conflicts between their desire for emotional closeness and their normal need for greater independence by initiating or escalating risky behaviors such as substance use or abuse, or unsafe sexual practices.

TIP: Screen teenagers for high-risk behaviors, educate them about potential consequences of these behaviors, and connect them with appropriate resources.

Adults are often unaware of the impact that the loss of a parent has on infants and toddlers, so they may assume that these children are “too young” to be affected. However, even children under three years of age will experience grief when a parent has died. Sleep challenges, feeding difficulties, and clinginess and/or withdrawal are some behaviors that other family members and caregivers may see.

TIP: During office visits, explore changes in a young child’s behaviors with the accompanying family member or caregiver, and be prepared, as with teenagers, to provide additional resources and age-appropriate support.

- ◆ **Ask about dates and events that may trigger grief reactions.** Meaningful anniversaries, for example the anniversary of a death or the birthday of the deceased, may elicit either overt or covert symptoms that result in unscheduled health-care appointments. Similarly, military-related national holidays (Memorial Day, Independence Day, Veterans Day) or key events, such as the return home of the deceased’s unit from the war zone, may also result in an increase in symptoms.

TIP: Be sensitive to, and ask questions about, meaningful events and calendar dates.

- ◆ **Know your resources.** Grieving is a normal process and may result in periods of sadness or anger, or in overall behavioral change. Keep in mind that the grief process differs from depression and may not require medical or pharmacological treatment. You can help direct grieving children and their families to the support they need by familiarizing yourself with available grief support resources in your community, particularly those associated with the armed forces.

TIP: Be cautious in choosing to prescribe medication to children, particularly shortly after a death. Instead, seek or refer to professional mental health resources.

- ◆ **Understand the differences between common and traumatic grief reactions.** Listen and watch for signs that children, especially those with undeveloped verbal skills, may be experiencing difficulty with the grieving process, as described in **Table 1**.

TIP: Children who seem to be having difficulty resolving their grief, or who are having difficulty in different areas of their life such as home or school, or who are avoiding people or places, should be referred to professional mental health resources. Your assistance in coordinating supporting resources will help to ease the family's transition into further care.

Table 3 is a list of useful references for families. You might want to make copies to give to accompanying adults. You may also wish to refer them to the NCTSN fact sheet, *Traumatic Grief in Military Children: Information for Families*, available at www.nctsn.org. (That document also contains the resource list.)

How to Cope with Your Own Feelings and Reactions

- ◆ **Be aware of your own responses and reactions.** If you as a clinician are uncomfortable addressing death and grieving, this can complicate your ability to listen to children. Your own unease may lead you to believe that it is not safe or permissible to raise your concerns with the child or with accompanying adults.

TIP: If you find that you are avoiding contact with bereaved families or finding it hard to talk with children about their loss, seek guidance from colleagues or professionals.

Also, **Table 2** offers a list of groups and organizations that offer information and resources for medical providers.

Table 2. Resources for Medical Providers

Organization	Contact Information
American Psychological Association (APA)	http://www.apa.org 800-374-2721 Advances creation, communication, and application of psychological knowledge; site includes extensive references to materials on child traumatic grief and PTSD
Center for the Study of Traumatic Stress, Uniform Services University	http://www.cstsonline.org Serves as NCTSN (see listing below) expert in military child and family trauma, focusing on helping military families and children impacted by and/or exposed to trauma, including deployment of military parents to combat, parental injury or illness, or parental death
Center for Traumatic Stress in Children and Adolescents, Allegheny General Hospital	http://www.pittsburghchildtrauma.org 412-330-4328 Serves children and families experiencing traumatic or stressful events by offering evaluation and treatment, especially of children who have experienced traumatic life events including death of a family member; site offers resources and research on child traumatic grief; member site of NCTSN (see listing below)
Children’s Grief & Loss Issues	http://griefnet.org Internet resources for grieving caregivers and a special section with a community of support for children
Military Health System (MHS)	http://www.health.mil A partnership of medical educators, medical researchers, and healthcare providers that delivers healthcare to the Department of Defense (DoD), military service members, retirees, and families worldwide (see also TRICARE listing below)
Military OneSource	http://www.militaryonesource.com 800 342-9647 (Stateside, CONUS) 877-888-0727 (en Español) 24/7 toll-free information and referral telephone service available to active duty, Reserve, and National Guard military members and their immediate families as well as to deployed civilians and their families, providing information on a wide range of concerns including coping with the loss of a military spouse
National Association of Home Care and Hospice (NAHC)	http://www.nahc.org/ 202- 547-7424 Association representing home-care agencies, hospices, and home-care aide organizations; site offers extensive links for consumers
National Child Traumatic Stress Network (NCTSN)	http://www.nctsn.org Mission of raising the standard of care and improving access to services for traumatized children, families, and communities nationwide, including extensive and comprehensive resources on child traumatic grief and PTSD in military children and families

Organization	Contact Information
National Institute of Mental Health (NIMH)	http://www.nimh.nih.gov/health/topics/coping-with-traumatic-events/index.shtml 866-615-6464 (NIMH Information Center) Link to “Coping with Traumatic Events” page, with list of resources on trauma and PTSD
Operation Healthy Reunions, Mental Health America	http://www.mentalhealthamerica.net/reunions/infoWarChildLoss.cfm 800-969-6642 (Mental Health America main number) Link to “Helping Children Cope with Loss Resulting from War or Terrorism,” offers a brief overview of child grief, with additional links to other resources
Substance Abuse and Mental Health Services Administration (SAMHSA) National Mental Health Information Center	http://www.mentalhealth.samhsa.gov/databases 800-789-2647 Link to state-by-state Mental Health Services Locator map and further links to other resources
TRICARE	http://www.tricare.mil TRICARE Management Activity (a component of the Military Health System, or MHS, see listing above) serves active duty service members, National Guard and Reserve Members, retirees, families, survivors, and certain former spouses worldwide; also has information related to survivor benefits; brings together uniformed services and civilian health-care resources

Table 3. Support Groups and Organizations for Families

Name	Contact Information
Army Morale Welfare and Recreation (MWR)	http://www.armymwr.com
Centering Corporation	http://www.centering.org 866-218-0101
Local Veterans Centers	http://www.vetcenter.va.gov 800-827-1000 (for benefits issues)
Military Child Education Coalition (MCEC)	http://www.militarychild.org 254-953-1923
Military OneSource	http://www.militaryonesource.com 800-342-9647
National Association of Home Care and Hospice (NAHC)	http://www.nahc.org/ 202-547-7424
National Child Traumatic Stress Network (NCTSN)	http://www.nctsn.org
National Military Family Association (NMFA)	http://www.nmfa.org 800-260-0218
National Suicide Prevention Lifeline Veterans Hotline	http://www.suicidepreventionlifeline.org/Veterans/Default.aspx 800-273-8255 (800-273-TALK) (Veterans press “1”)
Tragedy Assistance Program for Survivors (TAPS)	http://www.taps.org/youth/ 800-959-8277 (800-959-TAPS) (24-hour hotline)
Tricare: Your Military Health Plan	http://www.tricare.osd.mil http://tricare.mil/mybenefit/
ZERO TO THREE (Military Families)	http://www.zerotothree.org/site/PageServer?pagename=key_military 202-638-1141

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This project was funded in part by the Substance Abuse and Mental Health Services Administration (SAMHSA), US Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

Suggested Citation:

National Child Traumatic Stress Network. (2008). *Traumatic Grief in Military Children: Information for Medical Providers*. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress.

National Child Traumatic Stress Network

Established by Congress in 2000, the National Child Traumatic Stress Network (NCTSN) is a unique collaboration of academic and community-based service centers whose mission is to raise the standard of care and increase access to services for traumatized children and their families across the United States. Combining knowledge of child development, expertise in the full range of child traumatic experiences, and attention to cultural perspectives, the NCTSN serves as a national resource for developing and disseminating evidence-based interventions, trauma-informed services, and public and professional education.

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