

# COURAGE TO CARE



A HEALTH PROMOTION CAMPAIGN FROM  
Uniformed Services University of the Health Sciences, your federal medical school, Bethesda, Maryland • [www.usuhs.mil](http://www.usuhs.mil)

## ADVANCING THE HEALTH OF THE FAMILY LEFT BEHIND

This *Courage to Care* focuses on the anxieties and concerns of families, especially children, of deployed soldiers. We draw upon the expertise of leaders in military medicine and family trauma who define some of the critical phases and issues of family vulnerability during deployment. They also provide us with advice and language to enhance our interactions with the *family left behind*.

Healthcare providers to military families face a unique challenge: *providing care to the family left behind*. There are many stressors on spouses of deployed soldiers and caregivers, often grandparents, as well as on children. This stress can result in physical and emotional



illnesses that can be mild and transitory to more severe and disabling.

While sensitivity to these issues is important, it is even more important to communicate in ways that offer hope and constructive suggestions for mitigating stress and fostering healthy family behaviors.

Along with this fact sheet for health providers and their support staff, there is a companion fact sheet for families with practical information on communicating with children during deployment. The fact sheet can be downloaded and distributed in your office waiting area or posted on your organization's website.

### Reference Points for Providers and Families

Families and children of deployed soldiers experience anxiety and a range of emotions in preparing for a parent's *departure*, during the actual *deployment* and in the process of *reuniting*. Families experiencing this cycle for the *first time* are especially vulnerable, as are those who face the possibility of *redeployment*. In families with *existing medical or emotional problems*, deployment can be especially difficult.

There are three important points to reinforce: 1) the deployed parent is trained to do their job; 2) the family and children at home also have a job; and, 3) communication with children should be age-appropriate.

### Preparing Children for Departure

At home parents and health professionals should reinforce the fact that the deployed parent is trained to do his/her job. Most children worry and even fantasize about deployed parents. They put themselves in the parent's shoes and feel overwhelmed by the anxiety of not knowing what they would do in a potentially life threatening situation. It is important to remind children that their parents have been trained, have the skills, and know what they are doing in deployment situations. *Children should be informed of the details of the deployment and timing of the deployment at a*

*level of detail that is age-appropriate* (see Patient Fact Sheet: Communicating with Children about Deployment).

### Communicating with Children during the Deployment

Experts in military medicine and trauma suggest using the following metaphor when talking to families and children about deployment. Parents and providers can explain to children that just as the deploying parent has a job, so do the families and children who remain home.

The role of the military child during a deployment can be a tough one, but it is also a REAL JOB. Reminding children that "while your mom or dad is away you have your job to do too" is a way of valuing the unique role of the military child, diminishing the helplessness, and emphasizing the skill set that is required by:

- Being successful in school
- Helping mom or dad out
- Taking on new chores
- Maintaining a healthy lifestyle and not engaging in at-risk behaviors

Children can feel as much a contributor to a successful deployment as any one else. This metaphor is a positive way for parents to deal with children and family stress.

*Continued on reverse side*

## Reuniting

Parents at home anticipate the family reunion and often feel pressure prior to and at the time of the actual homecoming. It is important to recognize that children may be slow to warm up to the returning parent. While some children may respond excitedly, others may be more aloof and require more time. Children may have many questions of the returning parent about his/her experiences. These questions need to be respected and answered truthfully, but with the level of information that is appropriate to the children's age and developmental level.

Helping children cope with deployment is a challenge and an opportunity. Reminding parents to be "in tune" with their children and to listen to their concerns when they are ready to express them; limiting television (especially of war coverage) to help reduce anxiety and worries; letting parents know it is okay to accept assistance from family members and friends, and that accepting help is also a way of contributing to the health of their families—all are important points to reinforce in healthcare settings.

### Resources for Parents: Talking with Children About Traumatic Events

American Academy of Child and Adolescent Psychiatry

<http://www.aacap.org/publications/factsfam/DISASTER.HTM>

Substance Abuse and Mental Health Services Administration (SAMHSA)

<http://www.mentalhealth.samhsa.gov/cmhs/TraumaticEvents/tips.asp>

### Resources for Healthcare Providers:

The National Child Traumatic Stress Network has an entire section dedicated to medical traumatization of children, including a toolkit for healthcare providers.

[http://www.nctsn.org/nccts/nav.do?pid=typ\\_mt](http://www.nctsn.org/nccts/nav.do?pid=typ_mt)

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*COURAGE TO CARE is a health promotion campaign of Uniformed Services University. Its purpose is two-fold: to provide quality health information reflecting our University's excellence in military medicine and to present it in a friendly, appealing format for immediate distribution for the health promotion needs in your community.*



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