



COURAGE TO CARE



A Health Campaign of Uniformed Services University of the Health Sciences, www.usuhs.mil, and the Center for the Study of Traumatic Stress, Bethesda, Maryland, www.cstsonline.org

THE IMPACT OF INVISIBLE INJURIES: *Helping Your Family and Children*

The injuries of war change the lives of service members, families and children. Invisible injuries such as post traumatic stress disorder (PTSD) or mild traumatic brain injury (mTBI) can be especially difficult for families because they often result in significant changes in personality and behavior *without changes in one's appearance*. A service member with PTSD or mTBI may have mood swings, or certain environments may trigger responses that do not seem appropriate to the situation. These kinds of events can be especially troubling for children, and embarrassing for the family. While injuries cannot be compared or

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judged, invisible injuries, unlike those that are visible (i.e., loss of limb, burns), do not invite the same level of support from outsiders who may not even realize someone has a medical problem. The isolation caused by invisible injuries creates additional stress for families and children.

This fact sheet addresses the impact of the invisible injuries of war on military families and children, and provides some action steps that families can take to manage the challenges of dealing with a parental injury that is not visible to the outside world.

Children's Reactions to Parental Injuries such as PTSD and mTBI

Many children may start to have symptoms that mirror the symptoms of their injured parent. An example might be a young child having nightmares because of their parent's nightmares or because they are worrying about their parent's behavior. A child may have trouble paying attention at school or exhibit new behavioral problems because he or she is thinking about her parent's problems. This impact on a child due to their worry and identification with their injured parent is sometimes referred to as "secondary traumatization." A child's symptoms can get worse if there is not a parent who can acknowledge the effects of the parental injury and communicate with their children to help them feel better.

If children show some of the signs and symptoms below, they may be in distress and need professional attention.

- Increased acting out behaviors, such as disobedience, tantrums, or risk-taking behaviors
- Emotional distress, such as crying, increased anxiety, or withdrawal
- Feelings of loss and grief related to the change in the injured parent
- Feelings of isolation
- Feelings of embarrassment about the injured parent's appearance or behavior

- Misinterpreting parent fatigue and withdrawal as indicators that the parent no longer loves them
- Feelings of anger or resentment about new responsibilities or changes in the family such as having to care for younger children, even sharing in or taking on the care of the injured parent
- Feelings of self-blame for the injured parent's irritability

What Families Can Do to Help their Children Understand the Injury and Cope

It is important for families to:

1. *Seek out resources and instrumental support. Basic needs of families may be compromised due to the injury, and need to be addressed in areas such as finance, medical care, military concerns, housing, education, and childcare.* Children may need special services and/or supports to address behavioral/mental health problems that may develop or to connect them with community resources (e.g., sports organizations, educational programs, or boy/girl scouts) that provide them with social support and structured activities.
2. *Support children by helping them monitor changes or extremes in their emotional states.* As children deal with stress, they may find it difficult to express emotions, to

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relax, or to calm themselves. Parents can help children by teaching them to label and express their emotions and by giving them specific strategies (such as deep/ belly breathing, muscle relaxation, or visualizing a safe space) for dealing with strong emotions and/or stress.

3. *Share information with children about the injury in a way they can understand.* Particularly important is information that helps children understand what the injury is, what the effects of the injury are in terms of parent functioning and/or symptoms, and what to expect over time. Children may need reassurance that the injury is not their fault and that specific symptoms/ emotional changes in the parent are expected.
4. *Discuss the injury as a family and with others in the community, including health care providers, in order to access resources or appropriate health care treatment.* Children should be encouraged to ask questions about the injury among family members and with medical providers, and they should be encouraged to talk about the injury with people they trust (e.g., other family members, close friends, and/or teachers).

Age-appropriate information should be provided to children and they should be encouraged to talk about what they experiencing and feeling.

5. *Help children develop problem solving skills and engage in cooperative goal setting.* Goal setting helps families identify how they would like things to be different and how to monitor change. Parents and children can select family goals together and practice them as they plan for future challenges, recognizing incremental improvements over time.

Resources

- Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury
<http://www.dcoe.health.mil/default.aspx>
- Defense and Veterans Brain Injury Center
<http://www.dvbic.org/>
- Military OneSource
www.militaryonesource.com

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Courage to Care is a health promotion campaign of Uniformed Services University and its Center for the Study of Traumatic Stress (CSTS). CSTS is the academic arm and a partnering Center of the Defense Centers of Excellence (DCoE) for Psychological Health and Traumatic Brain Injury.

