

DCoE in Action

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In honor of the April recognition of Month of the Military Child, this issue focuses on the impact of military service on military children and highlights the resources, collaborations and research that have been developed to assist this “small” yet “mighty” important audience.

DCoE, Sesame Workshop Unveil *When Families Grieve*

The [Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury \(DCoE\)](#) and [Sesame Workshop™](#) have teamed up again, this time to release *When Families Grieve* — a program designed to help families with children ages two to eight cope with the death of a loved one. In the past eight and a half years, more than 12,000 military children have experienced the death of a parent. Grieving is a family experience and, thus, the entire family needs support during this difficult process.

When Families Grieve is the most recent resource of Sesame Workshop and DCoE's [Talk, Listen, Connect](#) initiative, a multiphase, bilingual, multimedia initiative that guides families through the kinds of changes that are often intrinsic to military life.

DCoE's Dr. Stephen J. Cozza and Capt. Russell Shilling have been instrumental in helping Sesame develop the initiative. Representatives from the [Center for the Study of Traumatic Stress \(CSTS\)](#), the DCoE component center with which Cozza is affiliated and Shilling have been actively involved in serving as subject matter experts on the series, with Sesame calling on them to provide expertise on the topics of child trauma, military child experience, resilience and bereavement.

“It was a product that was desperately needed. We realized we had to put together some programs for the children because we understood that helping the war fighter meant taking care of the children as well,” said Shilling.

The first two phases of the *Talk, Listen, Connect* initiative, *Helping Families During Military Deployment* and *Deployments, Homecomings, Changes* included the following primetime specials that aired on PBS:

- [When Parents Are Deployed](#), starring Cuba Gooding, Jr., released in 2006, describes the three stages of transition families go through when experiencing pre-deployment, deployment and homecoming
- [Coming Home: Military Families Cope with Change](#), featuring John Mayer and Queen Latifah, released last April, shares inspirational stories of military families coping with physical, emotional and psychological injuries

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when families grieve™



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A Message from the Director



Brig. Gen. Sutton, M.D. DCoE Director

April brings spring blossoms and rain showers, an important month for celebrating the lives of our military children—as we prepare them to thrive in the best and toughest of times.

Many of our Warriors have deployed several times—missing monumental parts of their kids' lives. Staying connected is crucial to the morale of our Warriors and the relationship with their loved ones.

We must lead through example on how to be mentally, physically and spiritually fit. As we move every couple of years, as we prepare for the unexpected, take a moment to talk to your kids about what is going on, ask how they feel and talk about the benefits of being a military family. Take a moment to talk about family spirituality. These moments can happen when shooting hoops, eating dinner, doing homework, shopping downtown or driving home.

“As a Nation we are privileged to care for our Warriors, Veterans and their Families as we would our own. Indeed, we are all part of the military family.”

As a Nation we are privileged to care for our Warriors, Veterans and their Families as we would our own. Indeed, we are all part of the military family. If a Service member is deployed, we must step in to share the burden and help lighten the load. If a Warrior is injured—from a leg wound, to concussion, to post traumatic stress—we must reach out and provide the best possible care and support. And when one of our own pays the ultimate price of freedom with their life we must remember their service, support their families and honor their sacrifice.

I am extraordinarily proud to be a part of the military family and nurture our future. There simply is no greater privilege.

To our military kids ~

Loree K. Sutton, M.D.
Brigadier General, MC, USA

“We must lead through example on how to be mentally, physically and spiritually fit.”

Childhood Traumatic Grief and Military Children

Children in military families are incredibly resilient and typically thrive among supportive family and friends who understand their needs. But there are times when their resilience is tested. Sadly some children and teens will not have the wished for reunion with their military family member or friend, but instead will have to deal with the death of this special person. Others will have a reunion only to lose the person to a devastating death days, weeks or months later due to self injury or other military related causes.



It is normal for bereaved military children to experience deep sadness or pain when a special person dies. Bereaved children show their grief through their thoughts, feelings and behaviors. After a death children may withdraw, be irritable, angry, act out, worry about the safety of others, have trouble eating or sleeping, or even regress to earlier behaviors. These changes signal that a child or teen is feeling understandably unsettled and unsure after such a devastating loss. Over time, we expect that children will gradually return to their routines, pay attention in school, and be able to have fun again with friends.

But if a death is sudden, if the situation is terrifying, or if a child is witness to horrific details, a child may devel-

op more intense reactions. This may happen when a deployed parent is killed in combat or tragically dies by suicide. A death can be just as traumatic and emotionally overwhelming when it comes weeks or months after an initial combat injury or even if it is anticipated by the adults in the child's life. In these cases, a child can develop symptoms associated with Posttraumatic Stress Disorder (PTSD) and have what has been called childhood traumatic grief (CTG).

Children with traumatic reactions may:

- Have intrusive thoughts, images, daydreams, or nightmares about how the person died. For example, a child may worry excessively about how much the person suffered, imagine rescuing the person, or have scary images come to mind about the way the person died.
- Avoid reminders of the death or of the person who died. For example, a child might refuse to visit the cemetery or look at pictures of the deceased person. The child may also be numb as a way to avoid painful feelings.
- Be nervous and jumpy. For example, the child may have trouble sleeping or concentrating, or feel and act on high alert as if the body is preparing for another trauma.



When grieving military children or teens have very upsetting memories, avoid activities or feelings, or have physical, emotional, or learning problems, they may be having a traumatic reaction. These reactions can interfere with getting along with friends and family, doing schoolwork, or finding comfort in happy memories.

Unlike the sadness and changes that come with normal bereavement, the symptoms of CTG usually don't fade away on their own. There is hope. With the right kind of help children and teens can learn coping strategies to successfully address their fears and feelings related to traumatic death. They can learn to handle difficult reminders and become able to recall happy memories. Parents, caregivers, teachers and medical professionals all can make a difference by recognizing when a child or teen is having trouble and by helping him or her speak with a mental health professional.

Additional information about the signs of CTG and suggestions for help are available for [family members](#), [teachers](#), and [medical providers](#) along with other resources on the National Child Traumatic Stress Network Web site, NCTSN.org.

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Leadership Spotlight: Dr. Stephen J. Cozza

Dr. Stephen Cozza, professor, Department of Psychiatry, Uniformed Services University, serves as the associate director for the [Child and Family Program \(CFP\)](#) of the [Center for the Study of Traumatic Stress \(CSTS\)](#). Under his leadership, CFP advances scientific knowledge and clinical interventions that address the impact of trauma on children and families, especially military families. Dr. Cozza and his colleagues provide subject matter expertise on deployment stress, parenting and family function and the impact of war injuries on military children and families. This is accomplished through congressionally funded research, education of military and civilian leadership and consultation with stakeholders in children's health and welfare including: national media outlets, professional organizations and projects dedicated to helping children and families affected by traumatic events.

Dr. Cozza has served as an advisor to an innovative project of Sesame Workshop, *Talk, Listen, Connect*, which is a bilingual, multimedia initiative that guides military families through the challenges of deployment, homecoming and parental changes resulting from war. Dr. Cozza also helped with writing a book, *For Children of Valor*, which Arlington National Cemetery provides to children who have lost a military parent.

A graduate of the United States Military Academy at West Point, N.Y., Dr. Cozza received his medical degree from the George Washington University School of Medicine and Health Sciences. He completed his residency in General Psychiatry and fellowship in Child and Adolescent Psychiatry at Walter Reed Army Medical Center in Washington, D.C. where he eventually assumed the role of chief, Department of Psychiatry

prior to joining the Center for the Study of Traumatic Stress in 2006.

In honor of April's Month of the Military Child, we asked Dr. Cozza to respond to some *commonly asked questions* of parents about helping children cope with the effects of deployment.

Q) What is the best way to prepare children for deployment?

A) Parents must be honest with an eye toward their children's safety, security and continuity of routine. Give any child enough time to prepare for a deployment. Young children likely need less time. Teenagers, like adults, often have plans that extend farther in the future. They may need additional time to understand and get ready for a parental deployment. If deployment will change the child's lifestyle through moving, living with grandparents, or changes in childcare, school or community activities, the child needs to hear of these things in advance.

Q) How else can we reassure our children about a deployment?

A) First, parents should digest the information *before* they communicate it to children so they can deliver it in a calm and reassuring manner. Second, children worry about the *safety* of the deployed parent. It is important to let children know that the deployed parent is *trained* to do their job. Third, it is important to communicate in a way that a child will understand based upon their age.

Q) Are there ways to reduce stress on children during the separation?

A) Yes, one very positive way is emphasize to your children that they have a job that is as REAL as that of the deployed parent. Stress is often the result of feeling helpless or unsure or unclear about a new role or situation.



Dr. Stephen Cozza, professor,
Department of Psychiatry, Uniformed
Services University

It is important to reinforce that doing well in school, helping out at home and being cooperative is a skill set that is part of *their* job, one that is valued and unique to their being a military child. When children do their job they help support their parent's mission. Simple things like maintaining their routines, keeping them involved in activities they enjoy and helping them stay connected to friends and trusted adults in their communities (teachers, coaches, spiritual leaders, etc.) can all help.

Q) How do children signal their distress?

A) Stress affects children like it does adults. Children may complain of headaches, stomach pains and sleep disturbances. They may display moodiness, irritability, low energy, and have more dramatic reactions to minor situations such as stubbing a toe. Younger children may show their distress by reverting back to more immature behaviors that they had outgrown. Teenagers need to be observed carefully to ensure that they do not become

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Leadership Spotlight: Dr. Stephen J. Cozza

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involved in risk taking behaviors in the absence of their parent. It can be difficult sometimes to sort out normal distress and more serious problems. If in doubt, seek medical advice.

Q) How should school problems be handled?

A) If there is concern about a child's behavior at home, parents should notify the school. Many parents may

be reluctant to call attention to their child by warning school officials, but it is important for the school to be alert to any unusual symptoms. If a child has had prior development, learning or emotional problems, these are more likely to worsen as a result of the deployment. It is important to talk to your child about behavioral problems that develop, and get them to discuss

their feelings and issues. Your child's school or your primary care doctor can arrange for counseling services.

Be sure to check out two additional contributions from Dr. Cozza in this edition: *General Tips for Communicating with Children of All Ages* and *Age Appropriate Communication with Children about Deployment*. 

DCoE, Sesame Workshop Unveil *When Families Grieve*

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In addition to the specials, each phase of the initiative has included bilingual (English/Spanish) kits, complete with helpful DVDs featuring Sesame Street Muppets and print resources for adults, children and facilitators, as well as an extensive online component.

The goals of the most recent phase, *When Families Grieve*, include:

- Reducing the levels of anxiety, sadness and confusion that children may experience following the death of a parent
- Providing families with age-appropriate tools to support and comfort children, including ways to talk about death with a young child
- Reassuring children that they are loved and safe and that together with their families and friends, they can learn ways of being there for one another and move forward

A Pentagon event featuring *When Families Grieve* video footage co-hosted by Deputy Secretary of Defense William Lynn and Chairman of the Joint Chiefs of Staff Adm. Mike Mullen, as

well as an unveiling event in New York City, led up to the April 14 airing of the *When Families Grieve* primetime special hosted by Katie Couric on PBS.


The powerful and heartwarming 60-minute special featured the Sesame Street Muppets and personal stories of several families with children coping with the death of a parent.

In addition to the primetime special, the phase includes these resources:

- Outreach kits tailored separately for military families and the general public containing a DVD featuring the Sesame Street Muppets and documentary footage of families who have experienced the death of a parent due to a variety of situations, as well as print materials specially designed to help families cope with losing a family member
- Web site, www.sesamestreet.org/grief, providing videos and all downloadable print resources

With help from organizational partnerships, Sesame Workshop will distribute over 800,000 free *When Families Grieve*

kits to families and organizations within the military and the general public that provide services and resources to grieving families, including: military service casualty offices, childhood grief centers, counselors and others.

Check out all phases of the *Talk, Listen, Connect* initiative at www.sesameworkshop.org/initiatives/emotion/tlc or visit the Sesame "Family Connections" Web site at www.SesameStreetFamilyConnections.org. 



General Tips for Communicating with Children of All Ages on Deployments

- Be careful about how you share emotions with children. Some parents share too much (losing control in front of kids) or share too little (no emotion or giving the message that you can't talk about it). Children take their cues from you.
- Keep up the routine. Activities, such as games, schooling and bed times, are important to keep regular. Continue to celebrate birthdays or other special occasions with enthusiasm.
- Before deployment have your spouse record themselves reading chapters or books that can be played back to young children. This helps with separation and attachment issues. Likewise, help your children create scrapbooks, videos or journals to send or share upon return.
- Listen to your children and their concerns. Children may have worries/concerns about their parents that are difficult to express. Be available when they are ready to talk.



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Age Appropriate Communication with Children about Deployment

Parents need to talk with children in ways that are developmentally appropriate. It is important to know what to say, when to say it and how much to share. At home parents should also help their children communicate with the deployed parent in age appropriate ways. Here are some simple explanations of what children can grasp at certain ages.



Young Children (Three to Four Year Olds)

Limited concept of time. A three year old thinks that three months is

next week. Parents need to use markers, such as, "Daddy or Mommy will be home right before your birthday or before this holiday."

Young School Age Children

Better understanding of time. They understand that three months is a long time. Calendars are helpful. You can mark the calendar and say, "This is the day that Dad or Mom is supposed to come home." This age group understands that their parent has a mission or a job. You can say, "Dad or Mom is going away to do an important job to keep all of us safe."

Older School Age Children

Older school age children are likely to be aware of the news and can understand concepts like responsibility. Reinforce this age group's skills by giving them age-appropriate jobs that build their confidence. Provide them with pre-stamped envelopes, as well as private

email accounts, for communicating with their deployed parent.

Adolescents

Often misunderstood as a challenging age group, teenagers can bring a great deal of creative energy to problem solving. Where appropriate, give them the chance to take charge of activities that support their families and communities. Parents need to strike a healthy balance between continued parental supervision and limit setting with appropriate opportunities for independence. Research tells us that while many say that they want to be free of parental intrusion, most healthy teenagers continue to value active parent participation in their lives. Stay involved and keep informed of their activities.

To download a fact sheet with this information, visit:

<http://tinyurl.com/csts-talk2kids>. 

The Military Child: Research, Education and Consultation

Since its establishment in 2006, the [Child and Family Program \(CFP\)](#) of the [Center for the Study of Traumatic Stress \(CSTS\)](#) has been conducting research to advance scientific knowledge and clinical interventions that address the needs of children and families affected by trauma, especially military children and families. The focus of CFP research is on the impact of war, including deployment stress, parenting and family function and the impact of war injuries on military children and families. In addition to research, CFP provides education and consultation to the military health-care system and its leadership, national media outlets, professional organizations and projects dedicated to helping families and children affected by traumatic events, particularly the military child.

Under the direction of Dr. Stephen Cozza, CFP is conducting three, Congressionally Directed Medical Research Program (CDMRP) funded grants to advance the psychological health and well-being of the military child and family. The first study, *Addressing the Needs of Children and Families of the Combat Injured* is a 4-year, longitudinal study which examines the impact of combat injury on military families along



five major dimensions of parent and family functioning, including: 1) acute child and parent traumatic stress symptoms; 2) levels of parental efficacy; 3) parent-child communication; 4) alterations to family schedule and struc-

ture; and 5) long term impact of injury on child, parent and family interaction. The study will follow families at three points in time to gain insight into the long term recovery process of the combat injured.



The second study, *Families OverComing Under Stress-Combat Injury (FOCUS-CI) Preventive Intervention with Children and Families of Combat Injured*, involves the use and study of a family-centered, resiliency-building intervention to enhance the coping and healthy development of military children affected by parental injury. The project is informed and supported by the center's collaboration with prominent child and adolescent psychiatrists and researchers at Harvard, UCLA and University of Washington.


The third research study, *Deployment Family Stress: Child Neglect and Maltreatment in US Army Families*, is the first in-depth study of child maltreatment and neglect among Army families. Its goal is to describe the characteristics of substantiated child neglect cases in the Army, and to identify factors within the family, the military community and the civilian community that contribute to such neglect.

CFP also addresses the psychological health of the military child through consultation. CFP has developed a unique and ongoing consulting relationship with [Sesame Workshop](#) that has resulted in the production of its *Talk, Listen, Connect* DVD series on deployments, homecomings and parental changes. Dr. Cozza also had the honor

of helping write a book, *For Children of Valor*, which Arlington National Cemetery now provides to young children who have lost a military parent.

The work of the center's CFP is strengthened by its collaborations with [National Child Traumatic Stress Network \(NCTSN\)](#), [Zero to Three, Military Child Education Coalition \(MCEC\)](#) and the [National Military Family Association \(NMFA\)](#). In the summer of 2009, CFP joined with NMFA to study families of injured service members attending their *Operation Purple* (Healing Adventures) Camps.

In conjunction with April's Month of the Military Child, the Center and its CFP are introducing a hospital-based campaign, the first of its kind titled: **Courage to Care Courage to Talk**. *Courage to Care Courage to Talk* seeks to connect hospital providers and families impacted by the injuries of war to facilitate communication and access to services and resources that can help families, especially children, during the acute hospital experience and the injury recovery process.

A dedicated Web site, www.couragetotalk.org offers information and resources for both hospital and healthcare providers, as well as for families and friends of the injured. For more information on the Center for the Study of Traumatic Stress under the direction of Dr. Robert Ursano, and its Child and Family Program led by Dr. Stephen Cozza, visit: www.cstsonline.org. 




General Tips for Communicating with Children of All Ages on Deployments

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- Limit television and other media coverage of the war to help reduce anxiety and worries.
- TAKE CARE OF YOURSELF! We know that military children generally fare as well as their non-deployed parent. Find time to rest, shop or

do something just for you. Accept help from family or friends if feeling overwhelmed or in need of time out. We are all more vulnerable to stress when we are tired, and can manage better when we are rested and in tune with ourselves.

- Seek professional help from your military or civilian community in the event of special circumstances such as serious injury or death of loved ones. Help is available from people who are experienced in these matters. 

Courage to Care Courage to Talk

Courage to Care Courage to Talk


The first of its kind, *Courage to Care Courage to Talk* is a hospital-based campaign developed to raise awareness and foster communication around the impact of war injuries on military families and children. The campaign seeks to connect families to resources in the hospital environment who can answer their questions, talk with them about their children and/or address other family or communication concerns related to the injury.

The initiative provides hospitals with professionally printed campaign materials developed by the [Center for the](#)

[Study of Traumatic Stress \(CSTS\)](#). Available in both English and Spanish, the materials include posters, brochures and tabletop collateral for waiting rooms or reception areas. A dedicated Web site, www.couragetotalk.org, features injury communication resources for families and professionals and information on implementing the campaign at treatment facilities.

Expert consensus and professional involvement with this population have shown a need to reach out to military families and children of the wounded, many of whom visit and/or stay in or near hospitals and rehabilitation clinics for extended periods of time. *Courage to Care Courage to Talk* acknowledges the important role that families play in the injury recovery process and the importance of family resilience, sustained parenting and appropriate com-

munication about the injury with children of all ages to ensure their healthy development.

CSTS is part of Uniformed Services University and its Department of Psychiatry, as well as the academic arm and a component center of the [Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury \(DCoE\)](#). *Courage to Care Courage to Talk* draws upon CSTS expertise in trauma and its impact on military families and children, and its expertise in public health education. 



TOOLS YOU CAN USE

Additional links are available at www.dcoe.health.mil under “Resources”

Resources for Service Members and Families

- Sesame Street Family Connections**
www.sesameworkshop.org/sesameupdates/family_connections
 Provided as a public service by the Department of Defense, this site functions a lot like a social networking site allowing children and parents to stay connected — and communicate — during times of tremendous change and uncertainty.
- Tips for Talking to Children after a Disaster: A Guide for Parents and Teachers**
<http://tinyurl.com/tips4talking2kids>
 From the Department of Health and Human Services, this tip sheet offers an overview for parents and teachers on tips for talking to children after a disaster.
- Military Families on the Move: Tips for Keeping Your Family Healthy**
<http://tinyurl.com/mil-familiesonthemove>
 From the Center for the Study of Traumatic Stress, this tip sheet offers an overview of how to keep your family healthy for military families on the move.
- Comfort Zone Camp**
www.comfortzonecamp.org/
 A fun and safe place for grieving children, Comfort Zone Camp is the nation’s largest bereavement camp for children who have experienced the loss of a parent, sibling or primary caregiver. Camps are held in Richmond, Va. and are open to all grieving children from across the country.
- Snowball Express**
www.snowballexpress.org/
 Formed in 2006, this program provides hope and new memories to the children of military fallen heroes who have died while on active duty since 9/11.



DCoE In Action is a publication of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE). Please send us your comments on this newsletter and story ideas to dcoemedia@tma.osd.mil. Our mailing address is 1401 Wilson Blvd., Suite 400, Arlington, VA 22209. Phone: (877) 291-3263.
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