Helping Children Cope With Separation During War

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As a result of the terrorist attacks on the United States on September 11, 2001, many active-duty and reserve forces from the Air Force, Army, Navy, and Marines are deployed all over the world. As these troops are deployed, their families face the many challenges of separation. The family members most affected are children.

As the Pediatric Consultant to the U.S. Surgeon General, I receive many requests for information on helping children deal with separation from parents who are deployed in a global effort to secure peace and safety following the terrorist events of 9/11. Having an important person in a child's life sent off to war can be among the more stressful events a child experiences. Adults in the midst of their own distress often are confused and uncertain about how to respond supportively to a child. During such a challenging time, pediatric nurses can be an important source of support for a child and family.

There are various ways people can help children adjust to this period of separation. What is most important is finding ways to help children express their emotions. Helping children of all ages with their feelings means that adults must look at the world through a child's eyes. To a great extent, most of what children and adolescents see and comprehend is based on their developmental level (Graue & Walsh, 1998; Murray, 2000; Steffens, 1995). For example, a toddler will not understand an issue in the same way that a preschooler will. School-age children will not cope with their feelings in the same way adolescents will.

This article contains some common childhood emotional responses to separation based on developmental level of the child, and some interventions individuals can implement to help children of all ages adjust to being separated from parents who are deployed in support of our country. This information is based on the author's personal experiences working with children of parents deployed in support of wartime missions around the world, as well as on the work of Steffens (1995) and Jewett-Jarratt (1994) about separation and loss.

Common Age-Specific Responses to Separation

Infants. Much of the distress experienced by infants is not always their own, but that of their parent or other caregivers. When these people are sad, nervous, or troubled, the infant might react by becoming inactive and unresponsive, irritable, or even hyperactive. For example, parents may see changes in eating patterns, disrupted sleep, and increased periods of crying and/or inactivity.

Toddlers. Young children experience separation anxiety as part of normal development. This developmental challenge can be more demanding, however, in children experiencing other forms of life stressors, such as the deployment of a parent. Toddlers may cling to caretakers more than normal, be withdrawn, or even depressed. Toddlers may refuse to eat, have difficulty sleeping, and not want to associate with others.

Preschoolers. Preschool children may respond to separation and stress by regressing to behaviors they had outgrown. Some of these behaviors may include fussing, crying for attention, and bed-wetting, or they may become more aggressive and demanding. Preschoolers do not have a real understanding of cause and effect. Therefore, they may become confused and think that somehow they caused the parent to leave. Often young children will not share this fear with anyone. Furthermore, tremendous guilt may be experienced as a result of these feelings.

School-age children. Six- to 8-year-old children frequently experience sadness and grief with separation from a parent. They often fear for their own safety and well-being, especially since the terrorist attacks on the United States on 9/11. Bedtime may be the most distressing time of day for these children, because of their fear that other family members may leave while they sleep. As a result, they may have difficulty sleeping. Without adequate sleep, children in this age group can become irritable, have a poor attention span, and have difficulties with learning in school. These children also may feel deprived of attention and may show this with clinging behaviors not seen for some time.

School-age children between the ages of 9 and 12 years have their own characteristic group of adjustment difficulties. These children often feel a compelling sense of loss. They can feel happy, troubled, angry, and sad, all within a relatively short time. Every day can be a separate experience, with an entire spectrum of emotions. Children this age may manifest anger toward the parent who left, and toward close family members left behind. Other behavioral changes found, especially in boys, are increased feelings of responsibility for the role of the parent who is deployed, feelings of abandonment and increased aggression, and antisocial behaviors. Alternatively, these children may attempt to hide their feelings by being involved in a large number of activities.

Adolescents. Teenagers can understand the reasons for the parent's separation due to war, but they often have limited coping skills for handling the strong, and often negative emotions that result from the separation. They frequently distance themselves from others as a defense against more possible emotional grief. They may become resentful, feeling that this situation comes when their lives are already difficult and challenging enough. Many other adolescents will rise to this situation by taking on additional responsibilities and providing support and encouragement for other family members as well as friends in a similar situation.

What Nurses Can Do To Help—A Developmental Approach

Pediatric nurses can consult with pediatric developmentalists, child psychologists, social workers, and play therapists as resources to help determine an age-appropriate plan to help children and adolescents cope with separation from parents during war. Nurses can teach parents to help infants by providing the baby with a calm, unchanging environment, keeping the quality of care and the person who provides the care consistent. Nurses can provide assistance and support to the parent or caregiver who is distressed. Oftentimes long walks, music, warm baths, and other calming activities are good for adults as well as children. With toddlers, adults can help by making these children feel protected. Parents should provide the toddler with a predictable routine and a lot of additional attention, and not leave the child alone more than is absolutely necessary.

When helping preschoolers, it may become essential to explain a number of times the reason for a parent's departure and the separation. Nurses, parents, and other adults should reassure the child that this situation is not his or her fault. If a child regresses to outgrown behaviors, parents and caretakers may want to change their expectations to some extent to support the child. Whenever possible, simplified daily schedules for these children and paying special attention to basic needs such as sleep, meals, and play activities are paramount.

Nurses and parents can help school-age children most by providing them with opportunities to express their emotions. It is very important to let children know it's acceptable to feel sad and cry. Individuals should try to keep children involved in activities they enjoy such as sports, group/peer events, and crafts to help them focus their energies as well as provide them with a chance to talk to other children who may be experiencing similar feelings. School-age children often appreciate having an object or possession from the separated parent to keep. Having something touchable and concrete helps to lessen the distance between parent and child.

Individuals also can help school-age children adjust by assisting them to become involved in at least one activity or hobby that they enjoy and do well. Children who feel capable and successful at something develop a sense of self-worth and a sense that they have some control over their lives. Children this age also need to share their feelings with someone they can trust outside the immediate family. Anger and fear are strong emotions that can be seen during this challenging time. Sometimes it is easier for these children to talk about their anger and fear with a friend, neighbor, school teacher, church member, or member of the extended family. It is important for families to identify someone who can spend time with the child, or parents can include that person in family activities. Once again, this is an ideal opportunity for nurses to provide this support or refer the child to someone who can.

When working with adolescents, it is very important to keep lines of communication open. Signs of worries or fears often surface during normal family discussions and/or activities. Nurses can encourage parents to provide a setting and time when discussion is natural. One of the best settings is at family meals. Parents can help adolescents by talking first about a few of their own worries and then ask them how they are dealing with their own concerns. Also, giving teenagers a few additional responsibilities helps them feel important and, even more important, gives them a sense of control during the period of separation.

For all age groups, a multidimensional family assessment of the child and family is essential. Knowing something of family interactions and individual coping skills places professionals in a keen position to help evaluate and understand a child's reactions and to advise and assist the family in responding to the child's needs. Knowledge of previous separations and child responses to them are helpful in understanding and predicting how a separation as a result of deployment might affect the child. Furthermore, additional helpful assessment information would include knowing if the family lives on base or in the civilian community where the child goes to school or attends daycare, how far away the closest relatives live, and what types of local support networks the family has available. Having close contact with day-care agencies and schools may help determine if children are having adjustment difficulties that are displayed at school alone.

One of the best tools for accomplishing a multidimensional family assessment is the Family Assessment Interview (Wong, 1995). This comprehensive assessment tool examines a multitude of areas, including family composition that includes extended family members, cultural and religious practices, family functioning, home and community environment, family decision making/communication, and expression of feelings.

Other helpful assessment tools for practice, and which have versions specific to military families, are the Self-Reliance Index (SRI), Family Index of Coherence (FIC), Family Social Support Index (SSI), Family Well-Being Index (FMWB), and the Family Adaptation Checklist (FAC). Respectively, the tools measure available family resources, family appraisal, degree to which family members feel supported, well-being of family members in relation to adjustment or adaptation factors, and the degree to which families may be distressed. All four instruments are found in McCubbin, Thompson, & McCubbin, 1996, with permission to photocopy the tools.

Pediatric healthcare professionals should describe to families the anticipated child emotional reactions to such situations and offer support and counsel to the children as well as the adults caring for them. Children need reassurance that they will be cared for and loved by a consistent adult who attends understandingly to their needs. Pediatric nurses should provide support and anticipatory guidance for children and families who face separation as a result of war. The pediatric nurse is in a position to encourage open discussion of reactions, thoughts, and feelings in the family, thereby increasing the sense of mutual support and unity.

A few children and adolescents will have adjustment difficulties that might require intervention by a mental health professional. Some children may have exaggerated emotional reactions to the separation. Civilian nurses can access appropriate resources for families within the military healthcare system by contacting the pediatric clinic of the nearest military hospital or clinic. Telephone operators can assist in obtaining this telephone number. Another good military installation resource is the mental health department in military healthcare facilities. Each department will have a life-skills clinic that can assist nurses in the community with the most appropriate resources for children, adolescents, and families, such as support programs when troops are deployed and families left behind. In such instances, military life skills clinics can provide guidance to assist children to cope.

Many military mental health departments employ child counselors, child psychologists, child psychiatrists, and social workers who can provide mental health services for these children. Services available include individual as well as family counseling. These services are

available to all military dependents. Availability of mental health services depends to a large extent on the size and location of the military medical facility. Smaller facilities may not have pediatric mental health services readily available. Where these services are not available, families are referred to a civilian mental heath provider. For outpatient mental health services, families are fully covered by military healthcare benefits. Families need to be referred to a civilian mental health provider by the child's pediatrician or by the military mental health department. Referrals can be obtained from these clinical services by having the family see a provider in either department. Most military families know how to access these services. Questions about their healthcare benefits can be clarified by a healthcare benefits adviser in the military medical center or clinic.

Civilian nurses, healthcare agencies, school systems, etc., are encouraged to promote these types of clinical preventive services for and in collaboration with military families. Nurses and other healthcare professionals in the community can call the life-skills clinic directly and ask to speak with the clinic director or a specialist in pediatrics.

It would be very beneficial for nurses in communities with military bases to seek out opportunities to get acquainted with their military counterparts in order to help military families requiring assistance. The American Red Cross supports military installations around the world. Local Red Cross organizations can provide good networking opportunities for military and civilian healthcare providers and help nurses in the community access resources for military families. In addition, many military mental health providers are actively involved in community crisis intervention and community outreach programs. This also would serve as an ideal networking opportunity for providers. Military healthcare providers can share with nurses in the community suggestions for anticipatory guidance, such as encouraging parents to ask their children about their perceptions of the war and the overall impact it is having on the family system (Ryan-Wenger, 2001).

As a last note, it is critically important for all age groups that adults find ways to help children maintain contact with the deployed parent through e-mail, letters, telephone calls, etc. All interventions should focus on minimizing the impact of the separation and minimizing adjustment difficulties.

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The views expressed in this article are those of the author and do not reflect the official policy or position of the United States Air Force, Department of Defense, or the U.S. Government.

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