

Center for the Study of Traumatic Stress

EXECUTIVE SUMMARY

WORKGROUP ON INTERVENTION WITH COMBAT INJURED FAMILIES



Sponsored by the Center for the Study of Traumatic Stress, part of the
Department of Psychiatry of Uniformed Services University and a partnering center of the
Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury



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EXECUTIVE SUMMARY

Workgroup on Intervention with Combat Injured Families

Combat injury is a life-altering event that impacts not just the service member but his/her family and children.

Introduction: Addressing the Needs of Combat Injured Families

Combat injury is a life-altering event that impacts not just the service member but his/her family and children. The affected population is significant in number and in terms of the unique challenges that include the short-term disruptions of individual and family routines and sense of safety, to longer-term issues around parenting and family health.

On December 11th and 12th, 2007, a number of prominent clinicians and researchers in the fields of child and adolescent psychiatry, military medicine and family trauma met to conceptualize the hitherto unaddressed needs and challenges of the combat injured family. This expert consensus gathering, referred to as the *Workgroup on Intervention with Combat Injured Families*, included six Chiefs of Psychiatry from major military medical centers and a renowned Children's Hospital, and the Child and Adolescent Psychiatry Consultant to the U.S. Army Surgeon General.

The Workgroup's primary objective, which was met, was to develop and disseminate a set of core *Principles of Caring for Combat Injured Families and Children* (see appendix). These principles would serve to guide simultaneous endeavors of scientific research and evaluation, and clinical interventions to mitigate family distress and dysfunction, and to improve communication around the injury within and between the healthcare, family and community settings. Other products were to include an edited transcript (attached), an Executive Summary, and a scholarly article initiating a scientific community dedicated to achieving the highest level of care for our nation's combat injured families and children.

Day One, *Clinical Problems and Core Principles of Intervention with Military Families*, provided an expert presentation on the scope, nature and unique challenges of combat injured families and children followed by presentations from Walter Reed Army Medical Center, Brooke Army Medical Center, Naval Medical Center San Diego and Madigan Army Medical Center. Participants described their sites' experiences providing care to combat injured families in the context of identifying and developing a Core Principles of Care document. Day Two, *Integration and Programmatic Intervention*, examined existing family trauma interventions to refine programmatic strategies for a manualized intervention to improve care and outcomes with this population.

The Center for the Study of Traumatic Stress (CSTS), part of the Department of Psychiatry of Uniformed Services Univer-



The injury inherently disrupts the constellation and function of the family and adds stress to the family unit.

suffer severe physical injuries develop depression or post traumatic stress disorder (PTSD) after hospitalization. The literature suggests that combat injured veterans are at greater risk for developing PTSD when compared to non-injured counterparts.

A deployment that results in a severe combat injury is likely to have profound effects on the service member's spouse and children. From the initial distress to the long-term injury adjustment challenges, children and families face difficult emotional and practical problems. Severe parental injury disrupts the family system — its routines, cohesion and sense of safety. Combat injury also affects existing patterns of parenting, as both injured and uninjured parents experience their own emotional response and face the difficult reality of medical treatment and rehabilitation over time.

Combat Injury Unique Challenges

The injury inherently disrupts the constellation and function of the family and adds stress to the family unit. It tends to widen splits in families that are already present, and add conflict when the dust has settled. Suddenly you have this injury event that just complicates things. Even when families pull together closely, the impact of the combat injury on families is more likely to disorganize than to organize families.

Serious parental injuries, particularly those that lead to disability and/or compromise in parental function, are likely to result in child and family behavioral or emotional problems, as well as family dysfunction. Drawing upon their experiences, Workgroup participants catalogued some of the unique challenges that combat injury inflicts upon service members and their families, and the implications of these challenges on parenting, child development and providing care.

Injuries to a service member are likely to result in a flurry of urgent activity and anxiety, leading to disruption of family roles, sources of care and instrumental support. Often immediate information regard-



ing the nature and severity of the injury is limited, and sometimes inaccurate, causing increased anxiety in families. Complicating matters further, adults often do not know how to speak to children about the injury, or how much and what kind of information to share. **Injury communication** is a new term that refers to both the provision of information and the manner in which it is delivered. Injury communication is a significant challenge that occurs from the outset of the injury process and over time, and involves the healthcare setting to patient family, family to children, and to the outside community.

Spouses face the dual challenge of supporting their injured service member and sustaining their parenting role. Upon being notified of the injury, many spouses travel abroad and stateside leaving their children in the custody of family or friends for indefinite periods of time. Preoccupation with serious medical issues can reduce their awareness of their children's needs, not necessarily in a punitive or a toxic way, but may certainly lead to change in their availability and a very real disconnect between the parent and the child. The spouse's most frequently reported concerns about their children include: 1) changes in parenting style and in their children's routines; 2) the

Remaining culturally minded, military families often pride themselves on their self-sufficiency. They do not necessarily like seeking out or demanding things.

emotional health of their children; and, 3) concerns about continuing to be effective parents.

Spouses also can be the recipient of the frustration and angst of the injured soldier. According to one participant, “*Ofentimes the anger that the service member is experiencing is directed at the spouse, and sometimes at the children. We have found an increase in the potential for abuse and we have encountered several cases of spouse and child abuse.*”

The impact of a parental injury on a child is profound and potentially leads to long-standing consequences. Children must integrate the meaning of the injury within their own developmental understanding, possibly requiring them to modify the internal images of their injured parents. Ultimately, a child must develop an integrated and reality based acceptance of those changes. According to one participant who works with burn patients, “*the extent of a facial injury may be difficult for a child, from a developmental perspective, because the parent looks so very different. We have children who talk about knowing that this is their parent but it may take months for them to realize that this is really their parent.*” In addition to fear, young children often blame themselves for the parent’s injury. Adolescents may react by engaging in risk behaviors that express anger, sadness or a sense of invulnerability.

Children are variably prepared for hospital visits. In addition, hospital clinical

staff is frequently not educated about the developmental needs of children, the risks of traumatic exposure, and the fact that parents might benefit from guidance about the needs and likely reactions of their children in this context.

The impact of combat injury on a service member can be devastating to his/her personal identity and parental role. For many Marines and Army soldiers who identify with physicality and athleticism, the enjoyment of parenting is also linked to physical activities such as wrestling, tossing a ball, running and playing games. To lose one’s physical ability complicates the transition to post-injury health and it may also require learning to parent in new and different ways. One Workgroup participant describes “*a Special Forces service member who had lost his eye and a limb and anticipates that he will not be able to shoot or run, and he feels so lost. He is 29 years old and...feels he cannot be a father to his three-year-old son...Only after he was able to talk about his losses and his trauma could he begin to think about his role in a different way. He decided that he was going to be a teacher; as he was teaching his physical therapy exercises to his children, he realized that he could turn those teaching skills into an occupation as a teacher.*” The capacity to shift one’s sense of identity and to incorporate alternate pleasurable ways of parenting is a key to the healthy transition of families and children, as well. The multiple challenges unique to combat injury coalesce to have high

Barriers to Care

Remaining culturally minded, military families often pride themselves on their self-sufficiency. They do not necessarily like seeking out or demanding things. It is important to develop or shift the model from one of dependency to self-sufficiency or self-care.

Diminishing individual and family distress and fostering parental function and family health is a critical component of creating a recovery environment for the combat injured and his/her family.



The 10 core principles form the basis for comprehensive, sensitive and military-appropriate interventions of care for combat injured families and children.

While the trajectory of combat injury care involves both the acute hospital setting (Stabilization Phase) and long-term care (Sustainment Phase), a number of barriers exist that must be acknowledged in developing family-based interventions.

Combat injured families tend to self-organize, caring for each other's children and families through the acute hospital ordeal. This can diminish provider opportunities to educate and work with families around sensitive issues that may exist or will exist over time. Working through parents may be the only way to address the needs of children who may not be present at the hospital, but many parents in acute hospital settings are too preoccupied and overwhelmed to address the needs of their children while attending to the medical needs of their spouse. Some military and Veterans Administration (VA) hospitals recognize the need and are better resourced to treat combat injured families, and others may or may not be.

Many injured service members may leave the military and enter communities that lack military healthcare facilities or have VA hospitals and centers whose staff has limited clinical knowledge of working with families of the injured. The community itself is an important support network for combat injured families. In the words of one participant, *"When the injured service member re-integrates into the community, the community reacts positively or negatively to seeing the injured person and the family is aware of those reactions... How does the family navigate through the community system and when the community responds, how does the family handle the response?"* There are unique and multiple challenges that result from combat injury. Common to many of these are challenges involved in reducing child and family distress, sustaining parenting roles, fostering effective communication, and addressing barriers to care.

Core Principles

Ten "Core Principles of Care" were cre-



ated as a result of the expert consensus discussion. These principles form the basis for comprehensive, sensitive and military-appropriate interventions of care for combat injured families and children. The simultaneous use and study of these principles will foster greatly needed evidence-based approaches that can support healthy family growth and recovery. These principles may be utilized by military and civilian hospital and/or community professionals to effectively manage clinical programs. Common to all is recognition of individual and family strength and resilience in the face of profound change and challenge. The ten principles are described below:

- *Principles of psychological first aid* (PFA) are primary to supporting Injured Families. Care of injured service members and families should incorporate key elements of PFA: providing safety, comfort, information, practical assistance and connection to appropriate community resources — all serving to support healthy family recovery.
- Medical care for the combat injured must be *family focused*. Care of combat injured service members must attend to family needs and specifically should work toward relieving family distress, sustaining parental functioning, and fostering effective injury related parent-child communication.
- Service providers should anticipate a *range of responses* to combat injury. Serious injury will challenge our healthiest families. Most service members, their children and families will adjust to the injuries they sustain: others may

Frequently, parents reported that they did not know how much information to share with their children about the injury.

struggle with the changes that they face. Some may even develop problems that require treatment. Service providers should expect this broad range of responses and be prepared to meet family needs as they are identified.

- *Injury communication* is an essential component of injured family care. Effective injury communication involves the timely, appropriate and accurate sharing of information with and among family members, from the moment of notification of injury throughout treatment and rehabilitation. Communication should be calibrated to address patient and family anxiety and to sustain hope. Because families may be uncertain how to share difficult information with their children, they may benefit from professional guidance on what to say and how to say it.
- Injured family programs must be *developmentally sensitive and age appropriate*. Services and programs must address the unique developmental responses of children of varying age and gender, and recognize that distress, care needs and communication ability will change with children of different ages.
- Injured family care is *longitudinal*, extending beyond immediate hospitalization. Services need to be tailored to the changing needs of the combat in-

jured family throughout the treatment and rehabilitation process. Interventions must meet the family where it is at within the recovery process, recognizing a family's unique strengths and challenges, as well as anticipate the future needs of families as they transition to a new community or new way-of-life.

- Effective injured family care requires an *interconnected community of care*. Effective intervention requires collaboration and coordination of services between the family, the health care system, and military and civilian community resources. This collaboration fosters a community of care that reaches across traditional professional boundaries throughout rehabilitation and recovery
- Care must be *culturally competent*. Healthcare and community professionals who interact with combat injured families need to possess the cultural and language competence to engage families that may be traditional or nontraditional in their composition and may be of broad ethnic and religious backgrounds. It is essential that all healthcare and community service providers understand and respect the unique experiences and traditions of military families.
- Communities of care should address any *barriers to service*. Barriers to intervention can complicate the healthy recovery of combat injured service and family members. These barriers may include a family's difficulty in accessing health care or community services. In addition, a community's lack of awareness or misunderstanding of the needs of a combat injured family or a family's hesitation to seek assistance can also limit family intervention and recovery
- Families, communities and service providers must be *knowledgeable*. Individuals, families, professionals, organizations and communities all have a



There is an urgent need for research to develop effective family focused intervention strategies that may better meet the short and long term needs of combat injured families.

need for access to quality educational materials to address the challenges that confront combat injured families. Effective education leads to the development of skills in all parties, building empowerment in communities and families. Development of new knowledge is fundamental to better meeting the needs of this unique population.

Interventions: Goals and Strategies

While the problems facing families of combat-injured individuals have been described and are addressed in clinical treatment centers, no empirical data has been collected on the impact and severity of combat injury on families to inform intervention and treatment planning (Cozza, Chun & Miller, in press). Thus, there is an urgent need for research to develop effective family focused intervention strategies that may better meet the short and long term needs of combat injured families.

On Day Two, *Integration and Programmatic Intervention*, participants deconstructed the challenges of combat injury on children and families to identify actionable intervention strategies, goals and proposed outcome measures. The three identified domains that interventions should target were identified as *individual and family distress, individual and family function* and *injury communication*. Many of these strategies were drawn from Project Focus

(Families OverComing Under Stress), a program initiated by UCLA, and used in military communities around the country to address deployment cycle family stress. There was consensus around the following points.

Intervention in the acute hospital setting to foster parental function should:

- Be flexible, modifiable and strength-based (vis a vis family function) versus pathology-based.
- Include both a brief model and more comprehensive model focused on parent and/or child mastery sessions.
- Acknowledge family anxiety and distress, and help parents to acknowledge its impact on the family and children.
- Incorporate a family system perspective that paves the way for altering family function and a caring recovery environment.
- Anticipate child development issues, i.e. adolescent risk behavior in reaction to parental injury.
- Have applicability in the civilian population for children exposed to traumatic parental injury or illness.

Interventions should also foster effective injury communication. Injury communication, in its broadest sense, refers to the provision and delivery of information related to the injury. It is a process that encompasses notification, the acute hospital phase (provider/patient information),





the family itself (parent to children to extended family) and community (friends, schools, social support systems and the media). Effective injury communication facilitates connectivity within and between hospital, family and community.

Interventions to foster injury communication should address:

- The type, role and effectiveness of communication (what is enough/too much/what should be shared/not shared/in what ways and with whom).
- Calibrating the message to foster realistic hope, appropriate involvement and reduced stress.
- The importance of helping a family construct an injury narrative that will provide meaning for the family and children, and a way of communicating their experience to friends, schools, and the community.
- The role of communication in community reintegration. As families reintegrate into the community, effective communication allows them to advocate for themselves through appropriate and timely help-seeking as well as to engage in family problem-solving.
- Health communication materials and resources are needed to educate combat injured families, community

healthcare providers and the community at large about the unique challenges and needs of military families and children impacted by parental injury.

Conclusion/Summary

The recovery of an injured service member's family and children is a process and not an event. The injury experience itself is unique to the family and varies significantly depending upon the nature of the injury, the structure of the family, the developmental level of the children and the expected outcome, treatment, and rehabilitation process.

Military families and children of the combat injured are a diverse and geographically dispersed population living in military and civilian communities across the United States. Their care needs are complex, unique and entwined, and necessitate informed involvement from health-care professionals, community service providers, and family and friends. Importantly, care must be delivered with sensitivity and skill from the acute in-hospital phase and throughout the long and arduous road to recovery, which includes transition back to one's home and one's community.

While many children will remain healthy in the face of this stress, some may sustain life-changing trajectories in their emotional development and/or their interpersonal relationships. Parental injury can alter the child's view of the wounded parent, and undermine the child's sense of his or her own physical strength. Indeed, it is likely that the effects of combat parental injury on children are more complex and potentially more challenging than non-violent and accident related injuries.

Intervention strategies need to include a longitudinal perspective. Good post-injury care is not just about the injured service member. Health care facilities need to include children and families as part of the treatment plan and process. Family members are not outsiders or visitors to the health care facility; they are participants in the care plan. Hospitals should de-

velop child and family friendly treatment environments, incorporate children into rehab activities, protect them from possible traumatic exposures and monitor at risk family situations. Such efforts are likely to have a positive impact on the combat injured parent, family and children, as well as the health care team.

The Workgroup intends to formalize techniques to measure and address the challenges of the combat injured family to be sure that interventions and programs are helpful and evidence-based. While the process will be iterative, developing interventions will correlate with the core set of *Principles of Caring for Combat Injured Families*. Research and evaluation will require resources and environmental support, to include funding as well as active application in healthcare settings.

It is important to recognize that the next generation of the U.S. military is coming from the children of the current generation of military service members. Tak-



ing care of military families, especially as a result of serious injury, can foster recruitment and retention and sends an important message to the nation that those who have sacrificed for our national security deserve the highest level of care at the time of the injury and throughout what may be an extensive period of recovery.

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Principles of Caring for Combat Injured Families and their Children

Combat injury is a life-changing event that impacts a service member, his or her children, as well as other family members and loved ones. Military children are our nation's children, and represent a vulnerable population within the injured family unit. Injury to a parent is a major threat to children of all ages and a challenge for even the most resilient of military families.

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Parental injury disrupts the family system — its routines, cohesion and sense of safety. Importantly, parental injury can alter the child's view of the wounded parent, and undermine the child's view of his or her own physical integrity. Combat injury also affects existing patterns of parenting, as both injured and uninjured parents experience their own emotional responses and face the complicated reality of medical treatment and

rehabilitation over time. Often, adults do not know how to speak to children about the injury, or how much and what kind of information to share.

As a result of parental combat injury, many family members may demonstrate initial distress that is likely to be temporary. Most children will remain healthy in the face of this stress, but some children may sustain life-changing trajectories in their emotional development and/or their interpersonal relationships. The simultaneous use and study of the following principles of care for our combat injured families will foster evidence based approaches that can support their healthy growth and recovery. These principles can be used by hospital and community based professionals in military or civilian settings.

Principles of Caring

- **Principles of *psychological first aid (PFA)* are primary to supporting Injured Families.** Care of injured service members and families should incorporate key elements of PFA: providing safety, comfort, information, practical assistance and connection to appropriate community resources — all serving to support healthy family recovery.
- **Medical care for the combat injured must be *family focused*.** Care of combat injured service members must attend to family needs and specifically should work toward relieving family distress, sustaining parental functioning, and fostering effective injury related parent-child communication.
- **Service providers should anticipate a *range of responses to combat injury*.** Serious injury will challenge our healthiest families. Most service members, their children and families will adjust to the injuries they sustain. But, others may struggle with the changes that they face. Some may even develop problems that require treatment. Service providers should expect this broad range of responses and be prepared to meet family needs as they are identified.
- ***Injury communication is an essential component of injured family care.*** Effective injury communication involves the timely, appropriate and accurate sharing of information with and among family members from the moment of notification of injury throughout treatment and rehabilitation. Communication should be calibrated to address patient and family anxiety and to sustain hope. Because families may be uncertain how to share difficult information with their children, they may benefit from professional guidance on what to say and how to say it.
- ***Injured Family programs must be developmentally sensitive and age appropriate.*** Services and programs must address the unique developmental responses of children of varying age and gender, and recognize that distress, care needs and communication ability will change with children of different ages.
- ***Injured Family care is longitudinal, extending beyond immediate hospitalization.*** Services need to be tailored to the changing needs of the combat injured family throughout the treatment and

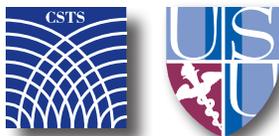
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Workgroup on Intervention with Combat Injured Families

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- rehabilitation process. Interventions must meet the family where it is within the recovery process, recognizing a family's unique strengths and challenges, as well as anticipate its future needs through transition to a new community or new way-of-life.
- **Effective Injured Family care requires an *interconnected community of care*.** Effective intervention requires collaboration and coordination of services between the family, the health care system, and military and civilian community resources. This collaboration fosters a community of care that reaches across traditional professional boundaries throughout rehabilitation and recovery.
- **Care must be *culturally competent*.** Healthcare and community professionals who interact with combat injured families need to possess the cultural and language competence to engage families that may be traditional or nontraditional in their composition and may be of broad ethnic and religious backgrounds. It is essential that all healthcare and community service providers understand and respect the unique experiences and traditions of military families.
- **Communities of care should address any *barriers to service*.** Barriers to intervention can complicate the healthy recovery of combat injured service and family members. These barriers may include a family's difficulty in accessing health care or community services. In addition, a community's lack of awareness or misunderstanding of the needs of a combat injured family or a family's reluctance to seek assistance (due to stigmatization) can also limit family intervention and recovery
- **Families, communities and service providers must be *knowledgeable*.** Individuals, families, professionals, organizations and communities all have a need for access to quality educational materials to address the challenges that confront combat injured families. Effective education leads to the development of skills in all parties, building empowerment in communities and families. Development of new knowledge is fundamental to better meeting the needs of this unique population.

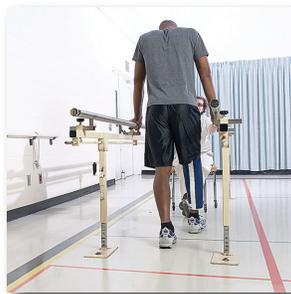
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The Combat Injured Family: Guidelines for Care

Military families and children represent a heterogeneous population and live in geographically diverse settings: on military installations, in civilian urban and suburban communities, and in rural areas across the country. While military families are generally robust and resilient, the stress of war (combat deployments, combat injury, illness or death) challenges the healthiest of families, be they active duty, National Guard or reserve.



Combat injury is a life-changing event that impacts the service member, his or her children, as well as other family members and loved ones. Parental injury disrupts a family's routines, cohesion and sense of safety. Existing patterns of parenting undergo change as both injured and uninjured parent cope with complex emotions and the

complicated reality of medical treatment and rehabilitation. Children are particularly vulnerable and often adults do not know how to speak to them about the injury, or how much and what kind of information to share.

Many military families and children will demonstrate initial distress in response to combat injury that is likely to be temporary. However, a number of children may sustain life-changing trajectories in their emotional

development and their interpersonal relationships. Experts in military medicine and the traumatic effects of combat injury on families and children have developed the following principles of care to guide the outreach of hospital and community-based professionals in military and civilian settings.

Principles of Caring for our Nation's Combat Injured Families and Children

As health care professionals, your role is invaluable and needed in caring for the families of combat injured service members. Your understanding and implementation of these principles of care can profoundly impact the health and recovery of injured service members and their loved ones. Remember, there is no such thing as a combat injured service member — think combat injured family.

Care and services should be delivered in a manner which:

- Provides a sense of safety, comfort, information, practical assistance and connection to appropriate community resources that can foster the combat injured family's healthy recovery.
- Is family focused to help relieve family distress, supports parental availability and effectiveness as much as possible, and helps guide a parent's efforts in communicating with their children about the injury.
- Reinforces a family's natural resilience while addressing special problems that might arise and require further help and support.
- Is sensitive to the unique responses of children of varying age and gender, and recognizes that distress, care needs and communication ability will vary according to the age of a child or children.
- Is tailored to the family's changing needs throughout treatment and rehabilitation recognizing the family's unique strengths and challenges, as well as anticipating future needs in their transitions to a new community or new way-of-life.
- Fosters the collaboration and coordination of services between the combat injured family, health care resources and treatment — military and civilian — reaching across traditional professional boundaries and levels of care.
- Respects the family's unique background including culture, language, composition (traditional or nontraditional), ethnicity, religion and the traditions of military families.
- Helps the combat injured family access care and addresses any barriers to service that can complicate the healthy recovery of its service member and his/her family members. These barriers may include a family's difficulty in accessing health care or community services or a community's lack of awareness or understanding of the needs of combat injured families.
- Is informed by knowledgeable service providers, professionals, organizations and communities, which have access to and provide quality educational materials that address the challenges confronting combat injured families.

The Combat Injured Family: Guidelines for Care

Your military loved one has been wounded and suddenly your world has been turned upside down. Combat injury is a life-changing event that impacts a family's routines and its sense of safety and wholeness. Combat injury especially affects children of all ages. Children worry about the effect of the injury on their wounded parent; how that injury will change their bond with that parent and the parents' relationship with each other. Often, caring adults do not know how to speak to children about the injury and its impact on their family, or how much and what kind of information should be communicated.

At this time, many resources of care and support will be extended to your injured service member, to you and to your family and children. Due to normal distress and anxiety, there



may be times when you will not hear, understand or accept all that you will be told.

Do not be shy about writing things down or having an important person in your life accompany you and take notes for you. When you have questions or forget important information ask doctors and healthcare professionals to re-explain or repeat themselves so you can better understand the information they have

provided. Good communication between you and your spouse's medical team and between you, your family and your children is essential for helping you cope and make important decisions related to the care of your injured loved one and to the care of your family.

Principles of Caring for our Nation's Combat Injured Families and Children

Despite the uniqueness of your family's situation and your loved one's combat injury, there are certain principles that should inform the care you receive. Understanding these principles of care can assist you in recognizing what you require and in seeking appropriate services to support your family's long-term health and wellbeing. Care and services should be delivered in a manner which:

- Provides a sense of safety, comfort, information, practical assistance and connection to appropriate community resources that can foster your family's healthy recovery. While the major goal of the health care facility is to provide treatment to your loved one, there will be people on staff who can assist in solving some of your family's practical needs.
- Is family focused and understands that you, your family and your children are all profoundly affected by the injury. Treatment should help relieve family distress, support your ability to be available to your children during the stress of injury recovery, and help guide your efforts in communicating with your children about the injury.
- Reinforces your family's strengths and resilience while understanding that each family may respond in a different way to the challenges it faces. Healthcare professionals must be responsive to the unique impact of the injury on your family and provide appropriate help and support.
- Is sensitive to the unique responses of children of varying age and gender, and recognizes that distress, care needs and

communication ability will vary according to the age of your child or children.

- Is tailored to your family's *changing needs* throughout what may be a long course of treatment and rehabilitation; anticipating future needs as the recovery process unfolds including discharge and transition to a new community or new way-of-life.
- Encourages a partnership and bringing together of services between your family, treatment providers (both military and civilian), as well as community services. Quality care reaches across traditional professional boundaries and levels of care.
- Respects your family's unique background including culture, language, composition (traditional or nontraditional), ethnicity, religion and the traditions of military families.
- Helps your family access care and addresses any *barriers to service* (unnecessary roadblocks that get in the way of good care), which can complicate the healthy recovery of your loved one and family members. These barriers may include a family member's difficulty in accessing health care or community services, his or her reluctance to seek needed help, or a community's lack of awareness or understanding of the needs of combat injured families.
- Is informed by knowledgeable service providers, professionals, organizations and communities that have access to and provide quality educational materials to address the challenges that confront combat injured families.



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