U.S. Army Leader's Handbook: Trauma in the Unit

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U.S. Army Leader's Handbook: Trauma In The Unit - Edition 1, 2007

This Trauma in the Unit Handbook, which has been written for leadership, provides guidance on how to support families as well as the unit response team when combat deployments and casualties occur. To help leadership gain an understanding of issues that can arise, information and research on reactions to trauma events and combat are presented. This handbook also contains information that may be used to guide leadership's response efforts in other traumatic events such as terrorist and disaster situations. This handbook is part of the Operation READY handbook series. Throughout this handbook, references will be made to other Operation READY materials as appropriate. For example, the Operation READY Family Readiness Group Leader's Handbook and Operation READY Rear Detachment Commander's Handbook describe how unit leadership and FRGs individually and in partnership support families in each phase of the deployment cycle. These handbooks provide further guidance on how to implement the suggestions in this handbook pertaining to planning for and supporting families with deployment. In addition to these handbooks, a new handbook in the Operation READY materials provides a more in-depth discussion on how children react to deployment than the brief discussion in this handbook on the effects of war. Another handbook provides an in-depth look at reunion issues that is more expansive than the mental health focus of this handbook for combat deployments. For all of these handbooks including this Trauma In The Unit Handbook, an accompanying Operation READY Smart Book contains a variety of informational and resource materials related to the topics addressed in these handbooks. A list of the materials related to trauma is provided in the Smart Book section of this handbook.

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FAMILY AND MORALE, WELFARE AND RECREATION COMMAND
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REPLY TO
ATTENTION OF

IMWR-FP

26 MAR 2007

MEMORANDUM FOR UNIT FAMILY READINESS TEAM

SUBJECT: Welcome Letter

1. Thank you for being a member of the Unit Family Readiness Team. Every member's role within this team is crucial to supporting families.

2. Families have been and will continue to be a cornerstone of support for our Soldiers and civilians. Leaders, such as you, who assist military families by providing the support and assistance they require, allow Soldiers to focus fully on their missions. Being a part of the Unit Family Readiness Team at times can be a daunting task, but also has many rewards and you can be proud of the assistance you provide. Your service to the Army is invaluable.

3. The Operation READY series is written to assist you in performing the duties of your role. In addition to the Operation READY series, I encourage you to take the comprehensive online courses located on www.myarmylifetoo.com. The online courses serve as an excellent desktop resource to get you acquainted with the full scope of your responsibilities.

4. I offer you my grateful appreciation for your dedication and support to Soldiers and families.

BELINDA PINCKNEY
Brigadier General, USA
Commanding

U.S. Army Leader's Handbook: **Trauma in the Unit**

PART I: Introduction

1.1 Purpose And Organization Of This Handbook

THE MILITARY FORCE IS RESPONDING to hot spots around the world and assisting with natural disasters both at home and abroad. As a result, the Total Force (Active, Guard and Reserve Soldiers) are deploying for more varied types of missions such as war, peacekeeping, humanitarian, and disaster relief. While each mission has unique characteristics, increasingly missions involve great danger, are conducted in harsh conditions, can be traumatic for Soldiers, and can be lengthy. Further, Soldiers are experiencing back-to-back deployments with combat operations.

Coping with dangerous deployments is more challenging for Soldiers and families. Families have great concerns about the Soldiers' welfare (both during and post deployment) and fears about Soldier injuries and death. The role of the media and Internet is making deployments highly publicized events with rapid release of news about critical incidents. As a result, families and children are facing additional stressors. To address these demands on the unit and families, it is important for leadership to:

- Ensure families and the unit make adequate preparations for war zone deployments and when a casualty occurs (Part II).
- Help families cope with combat deployments and the unprecedented burdens on Soldiers and families (Part III).
- Know how to respond and assist families and the unit with recovery, when a casualty occurs (Part IV).

Being able to respond and support families and the unit effectively does require having an understanding of key issues. For this reason, a brief synopsis of literature is provided on:

- The impact of combat deployments (Part VI) and
- Trauma reactions (Part V).

This handbook focuses on combat deployment, Soldier injury and Soldier death, which can be traumatic events for families and the unit. However, other situations, such as terrorist incident or natural disasters, can create trauma for the unit. For this reason, Part V of this handbook contains a list of recommended actions that may be used to guide response efforts in disaster and terrorist incidents.

1.2 Objectives Of This Handbook And Smart Book Materials

Considerable efforts have already been made within and outside the Army to develop support systems, an array of services, procedures and tools to help Soldiers and families. The intent of this handbook is to provide information and guidance to help Soldiers, families and military units understand and respond in practical ways when traumatic events occur. It is important to keep in mind that there are three groups impacted when a traumatic event occurs:

- Those Soldiers and families directly affected.
- Families (i.e., remaining Soldiers and families in the unit, including those temporarily assigned to the unit).
- Support staff and volunteers (RDC, FRG leader, Care Team volunteers, community caregivers).

Information on how to support each of these groups is provided in this handbook. Another goal is to foster Soldiers and families' recovery, resilience and personal growth following a trauma. To achieve these objectives, this handbook has been written for leaders with handout materials for families and responders, which appear in the Operation READY Smart Book. The purpose of these materials is described below.

For leaders:

- Outline the tasks that need to be performed and issues considered for leaders to develop a plan and to prepare units and families for trauma situations (in particular combat deployments and casualties)
- Provide information so that leaders understand Soldiers' and families' psychological responses to trauma
- Offer information and guidance that enable leaders to assist families in coping with stress of combat deployments and the toll of combat on Soldiers
- Identify ways to support affected families and unit families when a casualty occurs
- Offer information so unit leaders and garrison agencies can effectively support unit family readiness support system (i.e., Rear Detachment Commander and staff, Casualty Assistance Officer, Care Team, FRG volunteers) in their efforts and address the toll of assisting Soldiers and families in a trauma situation
- Identify ways for leaders to be proactive
- Identify warning signs of mental health and coping problems and provide guidance on when and where to refer so leaders can refer Soldiers and families to the appropriate agency(s) before Soldiers and families are in crisis
- Identify support and resources available to families and responders

For responders:

- Provide information and guidance on helping families cope with combat deployment
- Provide guidance and tips on how to work with families when a casualty occurs
- Identify warning signs of mental health and coping problems and provide guidance on when to refer
- Identify resources available to families

For families:

- Provide a checklist and identify tasks Soldiers and families need to do to prepare for situations that can occur during deployment (especially emergency and casualty situations)
- Provide tips for coping with trauma so families are better able to handle situations
- Describe normal reactions to casualty situations and identify when Soldiers and families should seek help (i.e., warning signs of difficulties coping or mental health problems)
- Identify support and resources available so families know where to go for help, when necessary

PART II: Leaders' Preparedness For War Zone Deployment And Casualties

PLANNING AND PREPARATION ARE CRITICAL to responding effectively to a war zone deployment and unit casualties. While the Army has established procedures and protocols, support will need to be organized and provided at the unit level in some instances. This part outlines the tasks that need to be performed by leaders at the battalion and unit levels to prepare units and families for war zone deployments and casualties.

[Note: This list of tasks includes recommendations for preparation phase of trauma events and deployments put forth by trauma experts and research that appear in Parts V and VI of this Handbook.]

2.1 Battalion And Brigade Commanders' Tasks

Developing a plan. Determining how units will respond and what support services will be available in response and recovery phases.

- ☐ Review pertinent Army and garrison SOPs on casualty procedures including mass casualty procedures.
- ☐ Attend trainings given by ACS, Family Program Offices and others that identify key issues and support efforts needed in combat deployment and casualty situations.
- ☐ Develop a response plan for the brigade as part of family readiness plan (FRP) and conduct drills, if possible, prior to deployments.
- ☐ Ensure SRC ops (including unit trauma plan) are current.
- ☐ Establish casualty notification procedures for the unit and inform unit leadership.
- ☐ Consider establishing Battalion Care Teams. If elect to offer this support, then ensure Care Team volunteers are recruited and trained. FRGs can assist in the recruitment. Training for Care Team volunteers is available from garrison Army Community Service or Chaplain. (A Care Team is a group of pre-assigned trained volunteers who offer short term care and support (such as comfort, meals, child care, and home care assistance) in the aftermath of a casualty incident when requested by a family.) *[More detailed information on Care Teams is available in the Care Team Handbook in the Operation READY Smart Book.]*

Developing a crisis communication plan.

- ☐ Establish communication network that allows information from command (including deployed commander) to be quickly and accurately disseminated to families. Communication can be handled by rear detachment, FRG (especially phone tree) and vFRG web site for the battalion. Request and establish a vFRG web site for the battalion (see armyfrg.org).

Setting up necessary connections.

- ☐ Meet with Rear Detachment Commanders and FRG leaders to discuss communication between RDC and FRG and how families will be supported.
- ☐ Ensure communication system between units and key agencies is set up. Meet with key agencies (e.g., ACS, Chaplains, medical, mental health) to discuss procedures and services that will be provided to Soldiers and families during and post trauma.

Disseminating information and coordinating necessary training.

- ☐ Ensure RDC leadership receive appropriate training and know casualty notification procedures and key points of contact. Also ensure RDC receive training about family issues and available resources for families. (ACS, Family Program Offices, and other designated trainers are providing family readiness training that covers a wide range of topics. Contact ACS and Family Program offices to learn more about Operation READY family readiness group training, rear detachment commander's training, and trauma trainings.)

- ☐ Facilitate unit leadership, rear detachment and FRG leaders training together to promote working partnerships that support unit families. *[Operation READY training on supporting families during combat deployment is available from ACS/Family Program Offices.]*
- ☐ Appoint FRG leaders and ensure family readiness group is prepared to support unit families with stresses of deployment to war zone, especially in the pre-deployment, during deployment, and post deployment phases. *[For detailed information on role of FRGs, consult the Operation READY FRG Leader's Handbook.]* Ensure FRG volunteers receive stress management training.
- ☐ Get information about Family Assistance Centers, which are established under specific emergency situations, and inform company leadership and rear detachment.

Being proactive. Anticipating issues.

- ☐ Ensure Soldiers and families receive information to help them prepare for combat deployment, especially emotional reactions, emergency/casualty planning, and resources.
- ☐ Meet with Rear Detachment Commanders and FRG leaders to identify at-risk families prior to combat deployment.
- ☐ Make efforts to eliminate real and perceived barriers to seeking mental health care.

2.2 Unit Commander And Rear Detachment Commanders' Tasks

Preparing unit response team.

- ☐ Review casualty notification procedures for the brigade and Casualty Assistance Center (CAC).
- ☐ Ensure all rear detachments are trained on casualty notification and assistance procedures. (CAO packets, guides and other materials are available from CAC. Garrison/Reserve Components have Casualty Assistance Officers that provide casualty assistance training.)
- ☐ Learn appropriate responses to questions about casualties. Attend training on how to deal with the media. (A training module on this topic is offered in the Operation READY family readiness group training series.)
- ☐ Have key points of contact (e.g., installation Casualty Assistance Officer, Casualty Assistance Center, Casualty and Memorial Affairs Operations Center, Medical Treatment Facilities). (To locate a CAC, go to https://www.hrc.army.mil/site/active/TAGD/CMAOC/cmaoc.htm.)
- ☐ Become knowledgeable about services and support available to unit leadership and families.
- ☐ Discuss casualty notification procedures with FRG leaders.

Handling necessary administrative matters.

- ☐ Get copy of Battalion Care Team roster.
- ☐ Collect family assistance data during the unit Soldier Readiness Processing (SRP) and Pre-deployment Processing (PDP).
- ☐ Obtain contact information (including for emergency situations) for Soldiers' family members and other individuals identified by Soldiers.

Preparing Soldiers and families BEFORE deployment.

- ☐ Encourage Soldiers to make family readiness a priority. Soldiers need to provide family contact information to unit, develop appropriate family plans, and have family conversations about issues so the family can thrive during deployment.
- ☐ Ensure Soldiers and families make adequate plans and complete important documents (e.g., will, medical power of attorney, living will, emergency contact/Family Assistance Information Sheet, DD Form 93, Record of Emergency Data, Family Care Plan, and Survivor Benefit Plan). Ensure Family Care Plan is realistic and can be implemented. Provide information on Survivor Benefit Plan (SBP) to Soldiers.

PART II: Leaders' Preparedness For War Zone Deployment And Casualities

- ☐ Publish and provide family members with a "family assistance handbook" that contains Operation READY deployment phone numbers and information. *[See Operation READY depolyment handbook for the Soldier/Family. Disseminate preparedness checklist for families.]*
- ☐ Educate families on the various emotions they are likely to experience over the length of a combat deployment. It is particularly important to prepare those who have never experienced a combat deployment before as well as those who may be facing another combat deployment within 12 months of Soldier returning. Provide information on the normal reactions and emotions families may have, address anxieties, and identify resources. *[Disseminate the appropriate handout that can be found in the Operation READY Smart Book.]* (See fact sheet on The New Emotional Cycles of Deployment available on the Deployment Health and Family Readiness Library web site at http://deploymenthealthlibrary.fhp.osd.mil.) *[To locate additional information on this issue, see the deployment subsection in Resources for Families section of Operation READY Smart Book.]* Ensure this information is included in pre-deployment briefings.
- ☐ Provide information and encourage families to build or maintain social supports that will enable them to thrive during a combat deployment.
- ☐ Provide information that can assist families in preparing children for deployment and war. *[See Resources for Families section of Operation READY Smart Book to locate materials that can be given to families.]* Ensure phone numbers for Rear Detachment, FRG leaders, and Family Assistance Centers are distributed to Soldiers and families.
- ☐ Ensure Soldiers and families are registered users of the battalion vFRG web site.
- ☐ Educate families on role of FRG and communication process to manage family's expectations.
- ☐ Inform families about the communication process and issues that may occur so families know to expect lapses in communication with deployed Soldier.
- ☐ Encourage families to inform and establish a relationship with child's school so that the school can provide support to children and be aware of signs of child's stress.
- ☐ Educate families on the role of and how to handle the media. Provide guidance on how much media to watch/listen/read. Prepare families for media interviews.
- ☐ Educate families on casualty notification process.

PART III: Supporting Families With War Zone Deployment

LEADERSHIP COMMITMENT AND INVOLVEMENT are essential to helping families deal with the stress of combat deployment and the impact of these deployments on Soldiers, those loved by our Army families. Both Soldiers and families will be coping with a situation that creates stress and change in individuals and the family.

3.1 Response Phase: During War Zone Deployment

Combat deployments are stressful for families. *(For a list of stressors, see Part VI of this handbook.)* Families' level of stress will in part be shaped by the level of combat Soldiers are exposed to and the length of the deployment. When deployments to a war zone involve sustained combat and are lengthy (e.g., 12 to 18 months), families are under a prolonged period of stress with intense fears and worries about the threat of Soldier injury or death. Multiple tours to a war zone can intensify families' level of fear with each subsequent deployment to the war zone. Because of the potential danger to Soldiers with combat deployments, families will likely increase their television viewing and Internet usage to get news about what is going on in the theatre of operations. (This behavior can impede a family from doing other activities and can increase families' fear and distress, as evidenced in Operations Desert Shield/Storm. [1]) Some families, who experience back to back combat deployments, may experience fatigue and lack emotional strength to cope with subsequent deployments to the war zone.

Efforts to support families with combat deployment need to focus on three areas:

- helping families deal with stress, uncertainty and effects of war,
- ensuring families' needs are met and monitoring family well-being, and
- creating a supportive environment for families.

[Note: Unit leaders are encouraged to have rear detachment command, Family Readiness Liaison, Family Readiness Support Assistants, and FRG leaders assist in these efforts. For guidance on what role and tasks these individuals can play, consult the Operation READY Family Readiness Group Leader's Handbook and Operation READY Rear Detachment Commander's Handbook.]

[Note: This list of leadership tasks corresponds with the Army's Deployment Cycle Support (DCS) Plan and is shaped by trauma literature and family support implications from research presented in Parts V and VI of this handbook, respectively.]

LEADERSHIP'S RESPONSE TASKS DURING COMBAT DEPLOYMENT
Helping families deal with stress, uncertainty and effects of war

- ☐ Keep families (including parents of single soldiers and caregivers of children of deployed Soldiers) informed in timely manner about unit activities and Soldiers in theatre.
- ☐ Provide information so families understand normal reactions to stress and war (including children's reactions). *[Disseminate the relevant handout that can be found in the Operation READY Smart Book. For additional educational materials, see Resources for Families section of Operation READY Smart Book.]* Educate families on when to seek help and where services available.
- ☐ Offer tips on how to handle stress**.** *[Disseminate Coping with Stress fact sheet in Operation READY Smart Book.]* Arrange for delivery of or promote stress management classes given by garrison ACS and civilian agencies. Promote effective coping strategies. Encourage families to take care of themselves (get sleep, eat properly and exercise) which is important when dealing with stressful situations or fatigue.
- ☐ Encourage communication within families (e.g., parents and children to talk to one another) and with others (i.e., find someone to talk to).
- ☐ Provide or promote resilience skills training. (For example, see American Psychological Association's resilience fact sheet and arrange the delivery of "road to resilience" program for kids and teens.) *[See Resources for Families section of the Operation READY Smart Book for information.]*
- ☐ Ensure unit and FRG conduct social activities to relieve stress.
- ☐ Promote ACS, Reserve Family Programs, Guard Family Assistance Centers, Chaplains, Military One Source and other resources that can help families deal with the psychological responses or develop coping skills. Coordinate delivery of programs and information to help families (including children) develop skills needed to perform new responsibilities.
- ☐ Provide guidance on media exposure. Educate children about the media and how stories are covered.

LEADERSHIP'S RESPONSE TASKS DURING COMBAT DEPLOYMENT
Ensuring families' needs met and monitoring family well-being

- ☐ Ensure FRG activities are meeting unit families' needs. FRGs' efforts will need to shift as families' needs change during a lengthy deployment.
- ☐ Make families aware of programs available in military and civilian communities.
- ☐ Ensure FRG key callers are periodically making welfare calls to families.
- ☐ Be on the look out for families having great difficulties coping or with severe distress. Look for warning signs of unhealthy responses to stress, depression and difficulties coping with daily life in both non-deployed parents and children. Assist and refer families who are experiencing problems to appropriate agencies. Follow-up with families and notify deployed commander as appropriate.
- ☐ Provide information and tools to help parents know how to help their children cope. *[Provide families with copy of Operation READY handbook on children and deployment.]*
- ☐ Target programs and services to those experiencing problems.

LEADERSHIP'S RESPONSE TASKS DURING COMBAT DEPLOYMENT
Creating a supportive environment for families

- ☐ Educate community.
- ☐ Work with schools so schools can support children of deployed Soldiers and civilians. Work with garrison school liaison officer on this effort.
- ☐ Show concern for families and maintain open communication.
- ☐ Facilitate Soldier-family communication.
- ☐ Ensure FRG reaches out to and involves all families.
- ☐ Promote community activities that support families and children of deployed Soldiers and civilians. Ensure support efforts and programs focus on (or include) children as well. Promote and provide activities that provide distraction for children and youth.
- ☐ Reach out to geographically dispersed families (through Internet, FRG and other means) and refer these families to local community support agencies such as Veterans of Foreign Wars.
- ☐ Provide social support network for families. Promote and sustain FRGs. Provide opportunities and ways for families to connect with one another in person, via web, or participation in community project/volunteerism. Encourage families to get connected to unit FRG, faith group, etc. and maintain contact with their own support network. Help children and youth develop social and support networks.

3.2 Recovery Phase: Redeployment And Post Deployment From War Zone

The reunion process following a combat deployment presents challenges for Soldiers and families. Some aspects of the reunion may be more difficult, especially if the combat deployment was lengthy. The transition from war front to home front is a big change for Soldiers that is not easy to do and can take time to make. There are also additional stressors with a combat deployment reunion. It is important to keep in mind that both Soldiers and their families have been impacted by the war/combat deployment. *[For detailed information about the impact of war on Soldiers and families, see section 6.2 in Part VI of this handbook.]* How well Soldiers and families can make necessary adjustments and deal with conflicts can impact each other's recovery. For example, research indicates that experiencing additional stressors such as marital or family discord following a combat deployment can put Soldiers at risk for developing PTSD.[2] For families, the recovery process can be further complicated if there is a possibility of another deployment to the war zone in the near future. (In essence, a situation which creates ongoing anxiety, fear and dread with expected repeated exposure.)

A range of mental and behavioral health programs are offered to both Soldiers and families to address mental health issues and family reintegration. Findings from Operation Iraqi Freedom and Operation Enduring Freedom (OIF and OEF) and the literature indicate that following a combat deployment, it is important to focus on aiding the transitions, minimizing anxieties and distress, and helping build resilience. Further, efforts need to be directed at Soldiers and families both as individual and joint groups. The table below elaborates on key issues facing Soldiers and families and provides general guidance on areas where units should consider targeting their efforts.

KEY POINTS TO KEEP IN MIND ABOUT COMBAT DEPLOYMENT RECOVERY

- **Soldiers and families will need help reframing the trauma to manage conflicts and move forward and thrive.** The Battlemind trainings are one example of efforts to reframe cognitions and teach how to handle transition between deployment and home life after deployment.
- **There is considerable anxiety about how Soldiers will reintegrate into the family.** It is important to address this anxiety and other worries to minimize distress. Increased efforts to provide programs on relationship issues and communication will be needed. **Strengthening family relationships and communication between Soldiers and family members can help families** (including children) sustain their family and deal with future deployments.
- **Some Soldiers and families enter the reintegration phase in a stressed state,** with less cohesive family environment, and their abilities to cope with reunion stressors may add to their level of distress. It is important to identify those who are vulnerable and ensure they are referred to appropriate resources. It is also important to provide a supportive community environment.
- Each deployment has its unique stressors. Further **the transitional needs for combat deployments are not necessarily the same** as with traditional or non-combat deployments. It will be necessary to identify and address emerging issues.
- There is a tendency to focus program and support efforts on the early period after Soldiers return (i.e., first 90 days). **Monitoring Soldiers and families' (including children) well-being and offering programs for months after Soldiers' return will be important.** Some Soldiers and families are likely to need a longer time to make readjustments. Also some mental health problems may not emerge until some time later. For example, PTSD is often more readily identifiable within three to six months after Soldiers' return. Thus continual assessment and monitoring for signs of PTSD and other related factors (such as suicidal risk, risky behaviors, and substance abuse which often co-occur) are key.
- **Do not assume symptoms and behaviors indicate mental health problems, as some level of distress is to be expected.** The intensity of stress-related symptoms are expected to dissipate over time. Provide education on normal reactions so there is an understanding and acknowledgement that emotions and behaviors are normal. Be alert to signs of difficulty coping and deal with problems early. Serious mental health problems will occur if problems are not dealt with early. Take steps to avoid secondary trauma for families.
- **Focus on resilience rather than PTSD.**
- **With numerous resources available, it is important to make Soldiers and families aware and comfortable getting the help they need.** It is particularly important to identify local resources for Guard and Reserve.

Specific ways to help families, in particular, as well as Soldiers are outlined in the Redeployment and Post Deployment sections.

[Note: Unit leaders are encouraged to have rear detachment command, Family Readiness Liaison, Family Readiness Group Deployment Support Assistants, and FRG leaders assist in these efforts. For guidance on what role and tasks these individuals can play, consult the Operation READY Family Readiness Group Leader's Handbook and Operation READY Rear Detachment Commander's Handbook.]

Redeployment

Preparing families for Soldier's return from a combat deployment needs to specifically address the effects of the combat operations on both Soldiers and families and what to expect in the recovery process.

LEADERSHIP'S TASKS WITH COMBAT DEPLOYMENT RECOVERY (IN REDEPLOYMENT)
Helping families deal with stress and uncertainty of reunion

- ☐ Work and coordinate with ACS, Reserve Component Family Programs or Chaplain to ensure reunion and reintegration training provided to families before Soldiers return address issues related to combat deployment. Coordinate Military Family Life Consultants and Military One Source support programs with ACS or the Reserve Component Family Programs Coordinator.
- ☐ Provide families of deployed Soldiers and civilians, as well as designated care providers, with reintegration information (with particular emphasis on symptoms of distress and skills needed to handle readjustment following a combat deployment) PRIOR to Soldiers' return. Educate through information materials, briefings and/or classes. *[Disseminate Operation READY Combat Stress tip card in Operation READY Smart Book.]* (Utilize a variety of communication methods, including mailings and postings on the vFRG web site, to ensure all families receive this information.)
- ☐ Educate families on issues family will face in reunion and reintegration process and appropriate expectations. *[Disseminate Operation READY handbook on reunion and other relevant materials.]* Promote attendance at reunion briefings. Provide information on warning signs and circumstances of when to seek help and identify available resources.
- ☐ Inform families what preparation and support is being given to Soldiers. This support includes Post Deployment Health Assessment (PDHA), reunion briefing, Battlemind training, suicide awareness briefing, sexual assault training, and small group discussion by Chaplain to talk about deployment experience.) (see DCS Plan on www.armyg1.army.mil/hr/dcs.asp)
- ☐ Encourage families to participate in the variety of reunion and reintegration training and programs provided by the Army during redeployment and post deployment.
- ☐ Identify and refer families who have experienced problems during deployment to appropriate military and civilian agencies.
- ☐ Plan and coordinate reunion and homecoming ceremony activities with FRG leaders and home station. Involve employers of redeploying Guard and Reserve Soldiers, schools and local communities in homecoming ceremonies and reunion activities.

Post Deployment And Reconstitution

Following a combat deployment, helping Soldiers and families deal with the changes created by this event will be critically important. Providing information, teaching skills and increasing social support will be important aspects to helping Soldiers and families attain resilience. If Soldiers and families are facing the potential of another combat deployment in the near future, then their fears and anxieties about repeat exposure to war and potential for Soldier injury or death will need to be dealt with as well.

LEADERSHIP'S TASKS WITH COMBAT DEPLOYMENT RECOVERY
(IN POST DEPLOYMENT AND RECONSTITUTION)
Helping families deal with stress and difficulties with reintegration and effects of war

- ☐ Educate Soldiers and families about normal reactions to combat stress and about PTSD and ways to deal with the symptoms. Arrange for Soldiers and families to receive briefing on signs and symptoms of distress (also referred to as Battlemind training or normalization of experiences). (see www.armyg1.army.mil/hr/dcs.asp) *[For resources on combat stress and PTSD, see Resources for Families and the handouts for families sections of the Operation READY Smart Book.]*
- ☐ Educate Soldiers and families on reintegration process and the skills and available resources to handle reintegration. *[Note: This issue is addressed in Battlemind I and II trainings and in the Operation READY handbook on reunion. Disseminate this handbook.]*
- ☐ Provide families with information on screening and resources available to address reunion and reintegration issues such as deployment-related health concerns, post deployment stress, Soldier distress, suicide awareness, changes in relationships, marital relationships, communication with children and children's reactions, and substance abuse. (This information is made available to Soldiers and families through briefings and programs given by a variety of Army agencies that conduct reunion programs.) *[Additional information about these issues can be found in the Operation READY handbook on reunion. A list of resources can be found in this handbook as well as in the Resources for Families section of the Operation READY Smart Book.]*
- ☐ Help families build strong relationship (especially marital) needed to cope with and sustain families during back-to-back deployments. Refer to marriage education/enrichment workshops and marital assessment offered by military Chaplain. Identify counseling programs and resources available to families. Provide activities for returning Soldier and their children to do together.
- ☐ Ensure Soldiers, who are released from medical treatment facilities or depart theatre via emergency leave, complete redeployment and post deployment tasks of the Deployment Cycle Support (DCS) process. (See DCS Plan on www.armyg1.army.mil/hr/dcs.asp.)
- ☐ Coordinate service delivery. Coordinate with ACS, Reserve Component Family programs, Chaplain, medical and other agencies to reshape required and vital reunion-related briefings. Coordinate programs for when Soldiers' return home and 3-6 months later to acknowledge the recovery process takes time and to address changing issues of concern.
- ☐ Coordinate delivery of and/or refer Soldiers and families as appropriate to anger management, communication skills classes, and other relevant classes conducted by garrison Army Community Service, Family Program offices, or in civilian community.
- ☐ Encourage Soldiers and families to seek help as a sign of strength. Refer Soldiers and families to ACS, Reserve Component Family Programs, Chaplains, Military Family Life Consultants, Military One Source, VA Counseling, FAP, and other military and civilian agencies for additional support.
- ☐ Inform Soldiers and families about mental health assessments being conducted on Soldiers as mandatory task of redeployment and post deployment. (This requirement is listed in the DCS Plan. Information on the Post Deployment Health Assessment can be found on www.armyg1.army.mil/hr/dcs.asp. Also inform Soldiers and families about the availability to use a confidential online mental health screening survey on the web at www.MilitaryMentalHealth.org.)
- ☐ Assist Soldiers and families in identifying resources where they live (especially National Guard and Reserve).
- ☐ Inform families about reintegration/reunion hourly childcare available through Operation Military Child Care. To locate childcare in local communities, contact National Association of Child Care Resource and Referral Agencies (NACCRRA) at 1-800-424-2246 or www.childcareaware.org.

- ☐ Help both family (spouses and children) as well as Soldier when PTSD. For families of Soldiers who are exhibiting PTSD symptoms, educate family about intervention for PTSD which includes cognitive behavior therapy (e.g., psychoeducation, anxiety management, anger management), relaxation, eat and sleep, and medication. Also ensure family members participate in Soldier's treatment and receive their own intervention.
- ☐ Encourage Soldiers and families to talk to and spend time with other people.

LEADERSHIP'S TASKS WITH COMBAT DEPLOYMENT RECOVERY (IN POST DEPLOYMENT AND RECONSTITUTION)
Ensuring families' needs met and monitoring family well-being

- ☐ Identify at-risk families and refer to appropriate agencies. Reestablish case continuity with Family Advocacy and State Family Program Directors (SFPD) for those Soldiers and families that had been involved in family advocacy prior to deployment. Identify Soldiers and families without support systems.
- ☐ Monitor Soldiers' and families' well-being through unit leadership and FRG's contact with families.
- ☐ Assess family needs and issues periodically and coordinate the delivery of information and programs needed to meet changing needs during the ongoing transitions and to help military families thrive.
- ☐ Conduct Post Deployment Health Reassessment (PDHRA) with Soldiers 3-6 months after Soldiers' return. (See www.armyg1.army.mil/hr/dcs.asp.)

LEADERSHIP'S TASKS WITH COMBAT DEPLOYMENT RECOVERY (IN POST DEPLOYMENT AND RECONSTITUTION)
Creating a supportive environment for families

- ☐ Conduct homecoming ceremony and activities for returning Soldiers.
- ☐ Schedule block leave for active duty Soldiers (liberal leave for civilians). Allow for opportunities for Soldiers and families to have "family" time.
- ☐ Work with schools by educating them on children's reactions to reunion process and changes occurring in their family. Work together to identify helpful supports that can be provided to children in their schools. Educate schools on warning signs so that they can help to ensure children experiencing problems are referred for appropriate help. [Note: Garrison school liaison officers and Army Child and Youth Services are currently involved in these efforts.] *[Disseminate the Operation READY handbook about children and deployment or promote Operation READY training for those schools that you have contact.]*
- ☐ Provide opportunities and facilitate families' efforts to connect with others, especially when PTSD symptoms are present. Develop or promote support groups.

3.3 Challenges With Combat Deployment

Resistance To Mental Health Services And Reluctance To Seek Help

There are a number of reasons Soldiers and families may not seek mental health care. This resistance may be due to cultural values, perceptions about mental health services, concerns about stigma, or concerns about potential negative impact on the Soldier's career. Keep in mind Soldiers and families who are stressed or showing PTSD symptoms may exhibit symptoms of mistrust and withdrawal which may make them less inclined to seek help. Strategies for addressing this issue involve using a variety of approaches that include:

- Conduct an educational campaign to normalize experiences and manage expectations. Educate families and entire community to increase awareness of what are normal responses and what to expect in recovery process. This is the intent of Battlemind training and a variety of Operation READY educational materials.
- Refer to Military One Source where Soldiers and families can self refer.
- Refer to civilian mental health professionals.
- Refer to primary care settings or other locations where behavioral health care is available.
- Conduct outreach, especially to those at risk.

Overwhelmed Unit Support System

Supporting families during a combat deployment can be tiring and overwhelming for rear detachment commander and staff as well as FRG leader and volunteers. This section provides guidance on ways to manage demands on the unit support team and to facilitate their efforts.

Supporting the Rear Detachment (RD). Leadership can assist RD in managing the demands placed on the RD by managing expectations, ensuring good communication between the rear detachment commander and deployed commander, and promoting valuable partnership relationships. Specifically, leadership should:

- Discuss the rear detachment's family readiness role and activities prior to deployment. *[The Operation READY Rear Detachment Commander's Handbook is intended to assist in this effort.]* Review unit leadership's family readiness plan on how families will be supported in deployment cycle so that intervention has been clearly defined.
- Manage families' expectations of the rear detachment by providing guidance on what matters families should seek guidance from the rear detachment.
- Keep families informed and address family issues in a timely manner. These efforts are intended to reduce families' distress and minimize families' mistrust or dissatisfaction with unit leadership. This is key to having a good rapport with families.
- Encourage rear detachment to be approachable and to have open communication with families. This is essential to dealing with families in a stressful situation such as combat deployment.
- Ensure the rear detachment commander and rear detachment staff get training so they have a good understanding of family issues, family reactions to trauma, and warning signs of posttraumatic stress, and knowledge of how to handle family issues and stress. *[The Operation READY Rear Detachment Commander Training and Trauma in the Unit Trainings are designed to serve this purpose.]*
- Ensure rear detachment know their chain of command and procedures, especially for casualty situations. Ensure company RD, where rear detachment is likely to be one deep, receives support from rear detachment higher up the chain.
- Work and coordinate with military agencies, especially garrison ACS and Guard and Reserve Family Programs offices, on delivery of services to families to ensure families are connected with

appropriate services before problems occur. *[The Operation READY Rear Detachment Commander Training provides valuable information that will help RDCs know how to work with a comprehensive multi-component family support network that has been established to support all Army families.]*

- Support and sustain unit FRGs who can assist the leadership in creating a supportive environment for families. The FRG through their outreach efforts can disseminate key information from command to families and also as a group provide a valuable support network for families. *[For details on establishing an effective unit leadership/RDC and FRG partnership and how to have the FRG support the unit team, review the Operation READY FRG Leader's Handbook.]*
- Allow for flexibility in unit response efforts. As family needs and issues emerge, there will be a need to determine how to address these concerns.
- Encourage rear detachment to get rest and manage their stress.

Supporting the Unit's FRG. Ways leadership can assist FRG in managing stress and avoiding FRG leader and volunteers becoming fatigued and burned out are:

- Define the FRG and in particular the FRG leader's role and activities. *[The Operation READY FRG Leader's Handbook is intended to help facilitate this discussion. Also ensure FRG leader and volunteers attend Operation READY family readiness group training which provide guidance on FRG operations and roles and responsibilities of key FRG positions.]*
- Manage families' expectations of FRG by informing them of FRG's role, activities, and how often will communicate with families.
- Maintain communication between unit leadership and FRG leader on the type of activities and level of effort needed to address family issues. This communication is necessary to help manage FRG leaders and volunteers workload.
- Encourage volunteers to take care of themselves and use tips for managing stress. Keep in mind stress symptoms are normal reactions to working with families, especially in trauma situations.
- Encourage volunteers to take breaks, especially during very demanding times.
- Be alert to signs of fatigue. Ensure FRG leader delegates and has appropriate number of volunteers so FRG leader is not doing too much. Talk with FRG leader about issues the FRG is facing and discuss how to address these issues.
- Make sure FRG does not take on too many responsibilities.
- Encourage FRG to ask for help when needed. Unit leadership should provide resources per AR 608-1, Appendix J. *[See Operation READY Smart Book, under the heading Regulations.]*
- Ensure FRG leader and volunteers get training on how to work with families, especially families who may approach the FRG in crisis or poor functioning.
- Provide frequent praise and provide recognition at end of assignment. This is vital to creating a supportive environment for the FRG.
- Ensure unit FRG leaders are connected with Battalion FRG steering committee, garrison FRG forum, and other FRG leaders for peer support.

PART IV: Supporting Families When Casualty Occurs

CASUALTY INCIDENTS ARE TRAUMATIC EVENTS for both the families of fallen and wounded Soldiers as well as the entire unit (and garrison) community. With a significant number of Army personnel deployed to a war zone and heavy media coverage that includes daily counts of the killed in action, casualty incidents related to contingency operations are highly publicized traumatic events. This creates even greater challenges for leadership to support families and communities. This part discusses how families and the community can be supported throughout the phases of these traumatic events. *[Note: The leadership tasks outlined in Part IV are based on Army regulation and shaped by implications of the trauma literature presented in Part V of this handbook. A copy of the Army regulations can be found in the Smart Book.]*

4.1 Casualty Notification And Unit Morale

After casualty notification is conducted, there will be an important need to inform the community and to begin to facilitate the unit's healing. Both are discussed in this section.

Casualty Notification

When a casualty has occurred, a Casualty Notification Officer is responsible for notifying the family once a casualty report is received from the Casualty Assistance Center (CAC). In general, notification is made in person for deceased and telephonically for injured or ill Soldiers.

In the event of a Soldier death, the Casualty Assistance Center:

- Appoints a Casualty Notification Officer (CNO) to visit and notify primary and secondary next of kin. Whether the unit commander makes this appointment will in part depend upon location of next of kin. (For guidance on the selection of the CNO, see AR 600-8-1.)
- Arranges for a Chaplain (or if not available, second Soldier) and, if necessary, a linguist to accompany CNO when visiting next of kin. (Note: The CAC will provide a copy of the Casualty Notification Checklist and an individualized script for CNO's use.)
- The CNO is to notify primary next of kin that a Casualty Assistance Officer (CAO) will be in contact to provide assistance.

In the event a Soldier is injured during war, rear detachment command or the Casualty Assistance Center notifies primary next of kin by telephone. [Note: If Soldier is in a medical treatment facility (MTF) and classified as very seriously injured (VSI), then either the MTF commander, attending physician, or CMAOC will notify and communicate with primary next of kin. Notification will not be made at the unit level if Soldier is under psychiatric care.] In some circumstances, the Soldier may notify family.

For more specific details regarding notification procedures, see AR 600-8-1.

Unit Morale And Healing

When a casualty incident has occurred, unit leadership will need to provide information to address unit families' shock and grief as well as anxiety about casualties in the future. It will also be important to create a supportive environment for the families of wounded and fallen soldiers. (Steps to do this are identified in sections 4.2 and 4.3.) The steps leadership should take immediately after notification is made are identified on the following page.

LEADERSHIP'S TASKS
Facilitating unit healing

- ☐ Inform FRG and schedule briefing for unit families.
- ☐ Arrange Public Affairs Office (PAO) to provide guidance to unit families on dealing with the media.
- ☐ Talk with families about the responses they may be experiencing and let them know these are normal reactions. Encourage families to seek counseling, when need help dealing with their response to the incident. Identify resources available to families.
- ☐ Monitor families' well-being, especially when unit experiences many casualties. Keep in mind the entire community is experiencing the losses of this traumatic event. Coordinate the delivery of psychological first aid by mental health specialists.

4.2 Casualty Assistance For Wounded Soldiers And Their Families

This section discusses how unit leadership can support families of wounded warriors after notification has been made. As in any trauma event, it is important to provide comfort and connect families to services. In addition, efforts need to be made to facilitate families' coping capacity, transitions and readjustment.

Response Phase

Because the Army's medical system focuses on taking care of the Soldier, it is important for leadership and the community to focus on the family for several reasons. First, the medical system's support of families (and children) is typically very limited. Second, supporting the family is essential to enhancing the family's ability to assist the Soldier with recovery process and transition to civilian life (or back to military life). Lastly, because children's reactions are influenced by how parents react and cope, it is important to help parents (i.e., the spouse and Soldier).

To assist wounded Soldiers and their families, it is important to understand the impact of this event. Finding out a Soldier is wounded in action can be traumatic, depending upon the nature of the Soldier's injury. When a Soldier is seriously (or very seriously injured), the stressors of this event are considerable.

STRESSORS FOR WOUNDED SOLDIERS AND THEIR FAMILIES

- Making arrangements (including travel, lodging and child care) to visit injured Soldier.
- Making arrangements for children and household, if visiting Soldier without children.
- (For children), adjusting to prolonged separation while parent visits Soldier or being uprooted to visit Soldier.
- Preparing for and seeing injured Soldiers, especially children.
- Becoming comfortable in medical treatment facility or rehabilitation environment, learning how to work with medical team, and learning how to navigate medical and veteran systems.
- Dealing with the nature or severity of the Soldier's injury (this may include: accepting diagnosis, uncertainty about future; uncertainty about Soldier's prognosis; Soldier's behavior, emotions and functioning; Soldier's pain; effects of medications).
- Keeping other family members informed.

STRESSORS FOR WOUNDED SOLDIERS AND THEIR FAMILIES, cont.

- Dealing with Soldier's concerns about outcome (whether fit to return to duty or discharged from Army).
- Worrying about treatment costs and overall impact on family's financial situation.
- Adjusting to disruption in family routine and lifestyle while Soldier in treatment; determining changes in routines, roles and household needed while Soldier in medical facility, rehabilitation facility (if applicable), and once Soldier returns home [Note: in many instances, the family will have to make readjustments continually as Soldier's functioning and healing changes over time.]
- Balancing work and family (including parenting) along with serving as Soldier's advocate and managing caregiving responsibilities.
- Dealing with stress.
- (For children) coping with parent's reactions to Soldier's injury and potential change in parent's attention.
- Coping with loss or change in spouse's employment situation to take care of Soldier.
- Learning and adjusting to family's role and involvement in Soldier's recovery; coping with caregiving responsibilities.
- Handling children's reactions.
- Coping with death (if this occurs).

Intense and varied reactions may be seen by family members and the Soldier in response to these stressors. The loss(es) experienced by this event can be expected to create grief reactions. Both the Soldier's and family's responses will change throughout the Soldier's recovery and over time.

Ways to support families of wounded Soldiers immediately following Soldier's injury should focus on two areas:

helping families deal with stress, psychological responses, and uncertainty and

creating a supportive environment and making sure families' needs met.

LEADERSHIP'S RESPONSE TASKS FOR WOUNDED SOLDIERS AND THEIR FAMILIES
Helping families deal with the stress and response to Soldier injury and uncertainty about future

- ☐ Work with CMAOC to facilitate communication between MTF and primary next of kin about Soldier's condition. Maintain contact with CAC to provide updated information about Soldier's injury and location to family. Submit requests to CAC for invitational travel orders for family to visit very seriously injured, seriously injured, or not seriously injured who are hospitalized. [Note: Invitational travel orders are approved by CMAOC. For further information about ITOs, see AR 600-8-1.]
- ☐ Provide information on benefits, requirements for family travel/invitational travel orders, hospital visitation, and veterans programs and assist families in getting connected with appropriate individuals for assistance with these issues.
  - ▫ Note 1: Unit leadership is responsible for providing information to families and working with CAC on invitational travel orders.

- Note 2: Families of Soldiers who are classified as severely disabled (i.e., categorized as special category or SPECAT) and are in the U.S. Army Wounded Warrior Program (AW2) will receive assistance in some of these areas through the AW2 program. For further information, contact AW2 on the web at https://www.aw2.army.mil, or through http://www.armyfamiliesonline or telephone at 1-800-833-6622.]

☐ Make sure family is connected to medical facility/hospital's social worker, family liaison officer, Family Assistance Center, or soldier family advocate (in AW2 program) who can provide guidance in medical treatment and rehabilitation process and address family issues related to Soldier's care, caregiving, and adjustments.

☐ Provide written materials for families so they know what to expect and important resources. Keep in mind that families receptiveness to getting information and types of information needed are likely to change over time. For example, immediately following notification and during initial phase of Soldier's medical treatment, families are likely not to read materials given to them. For this reason, consider providing limited information orally and highlighting key resources or things families need to know that are in written materials.

- Note: Hospital representatives (see previous bullet) or attending medical team may provide written information to families.

☐ Provide families with a copy of "Our Hero Handbook: A Guide for Families of Wounded Service Members" available on web at www.militaryhomefront.dod.mil.

☐ Provide families with information on how to prepare their children in an age-appropriate manner for visits with injured Soldier. [Note: Military One Source has several articles on talking with a child about parent's injury.]

☐ *[See Resources for Families of Operation READY Smart Book, for where to get other information or refer families for information and assistance.]*

LEADERSHIP'S RESPONSE TASKS FOR WOUNDED SOLDIERS AND THEIR FAMILIES
Creating a supportive environment for families and making sure families' needs met

☐ Contact family of wounded warrior directly to show unit leadership's care and concern. Contact on a periodic basis, especially families of severely or very seriously injured warriors.

☐ Provide practical assistance. Assemble and send a Care Team to provide emotional and logistical support to family of injured Soldier, if requested by the family.

- Note 1: While sending a Care Team is not mandatory, it is a significant and meaningful way units can support families. Supporting family members is critical to their being able to emotionally support the Soldier and because they have been traumatized as well. This is a support strategy being implemented by some units throughout the Army that has been helpful to families of fallen Soldiers. Care Teams should also be considered for families of wounded Soldiers.
- Note 2: Unit leadership (or rear detachment commander during deployment) is responsible for assembling and overseeing the Care Team. When assembling a team, careful consideration needs to be given to the individuals selected to ensure the family will be comfortable with the presence of these individuals. For this reason, the RDC may want to seek input from the commander's spouse, Battalion FRG advisor, Battalion Care Team coordinator, and unit's FRG leader in determining who the family would most likely want to have around them.
- Note 3: Care Teams can be comprised in different ways and may include any of the following individuals: key spouses from the brigade, battalion, and/or company; FRG leader, or spouses from the same platoon or company.

- Note 4: The actual support provided by the Care Team will be based on the family's needs and guidance from the battalion rear detachment commander.
- *[For further information about Care Teams, see Care Team Handbook in Operation READY Smart Book.]*

- ☐ Refer family of wounded warrior to military and community counseling and assistance programs as needed. *[See appropriate subsections of the Resources for Families section of Operation READY Smart Book to identify where to refer families for information and assistance.]*
- ☐ Oversee and support Care Team.
- ☐ Provide guidance to FRG on how unit families and FRG can support wounded warrior family.
- ☐ Connect families to a support group, clergy or someone they can talk to when they need. Encourage both Soldiers and families to talk to someone.

Be aware that in the event of a mass casualty, a Medical Family Assistance Center may be set up by the garrison or National Guard depending upon the incident and units affected. Other procedures will also take effect. *[Further information about MEDFACs and mass casualty procedures is provided in the Operation READY Family Assistance Center training. A brochure about Family Assistance Center is available in the Operation READY Smart Book.]*

Wounded Soldier's Transition (Recovery Phase)

After an injured Soldier leaves the medical treatment facility, many, especially those severely injured, will be transferred to a VA rehabilitation program. After a period of time, the Soldier may then return home. Throughout the Soldier's recovery, Soldiers and families are likely to face a number of transitions and stressors.

TRANSITION STRESSORS FOR WOUNDED SOLDIERS AND THEIR FAMILIES

- Identifying needed resources where family lives.
- Coping with Soldier's injury, behaviors and emotions, and functioning level.
- Coping with caregiving responsibilities.
- Adjusting to Soldier's reintegration into family; Defining Soldier's responsibilities.
- Learning about assistive devices and adaptive equipment.
- Identifying benefits and services for wounded and veterans.
- Making home modifications/adaptations.
- Dealing with Soldier's transition to civilian life and finding employment (if applicable).
- Dealing with Soldier's transition back to active duty (if this occurs).
- Coping with death (if this occurs).
- Returning to or finding work (applicable to spouse).
- Dealing with stress and emotional reactions to situation.
- Establishing connections and relationship with new medical facility.

It is important to keep in mind that Soldiers and families can experience considerable strain and stress for a prolonged period and can get overwhelmed by their situation. Therefore, it will be important to monitor the family's transition. There are a wide array of programs and services available, and thus it is important to ensure that Soldiers and families are using these services. Specific ways to support Soldiers and families are detailed on the next page. Bear in mind these efforts are important because Soldiers and families are likely to need assistance and may experience difficulties coping.

LEADERSHIP'S TASKS FOR WOUNDED SOLDIER'S AND FAMILY RECOVERY
Creating a supportive environment and making sure wounded Soldiers and their families' needs met

- ☐ Continue to contact family of wounded warrior on periodic basis to show unit leadership's care and concern and to identify unmet needs.
- ☐ Provide information on benefits, if Soldier and family have not received this information. *[See Resources for Families section of the Operation READY Smart Book to identify where to obtain benefits information.]*
- ☐ Coordinate trauma counseling for Soldiers and families. Help Soldiers and families identify support groups and other support networks, particularly in their geographical area, and encourage them to form a support network. *[See Resources for Families section of the Operation READY Smart Book for assistance in locating counseling services and support groups.]*
- ☐ Encourage FRG and unit families to periodically check on family and offer practical assistance such as: providing meals, offers to run errands, taking children out on an outing, taking spouse out to give a break in caregiving, and other efforts to alleviate stress and offer comfort.
- ☐ Look for warning signs of Soldiers and family members (especially spouses and children) are not coping or functioning well and refer for professional help. *[See handout, Warning Signs Individuals May Need Help in the Operation READY Smart Book.]*
- ☐ Coordinate follow-on care, as appropriate. [Note: Severely disabled Soldiers will be assigned to a military unit in geographic proximity to Soldier after medical treatment to serve as a sponsor to aid in transition and access to military facility support.] Assist families (caregivers) in locating needed services or connecting with agencies that can offer this assistance.
- ☐ Ensure Soldiers access appropriate transition services, if leave military.

For further information on the transition process and resources, see "Our Hero Handbook: A Guide for Families of Wounded Service Members" available on web at http://www.militaryhomefront.dod.mil web site. *[Resource information can also be found in Resources for Families section of the Operation READY Smart Book.]*

4.3 Casualty Assistance For Fallen Soldiers' Families

This section discusses how unit leadership can support families of fallen warriors after notification has been made. As in any trauma event, it is important to provide comfort and connect families to services. In addition, efforts need to be made to facilitate families' coping capacity, transitions and readjustment.

Response Phase

Finding out a Soldier is killed in action is a traumatic event for families. Families will grieve in their own way. Because this is a difficult time for families when certain decisions and arrangements need to be made immediately (such as notifying other family members and making burial arrangements), a great deal of assistance is provided to the family by the Army. The following are ways unit leadership can support families of Soldiers killed in action. [Note: These support efforts are intended to supplement the assistance provided by the Casualty Assistance Officer.]

LEADERSHIP'S RESPONSE TASKS FOR FALLEN SOLDIERS' FAMILIES
Creating a supportive environment and making sure families' needs met

- ☐ Appoint and send a Casualty Assistance Officer (CAO) to assist and counsel the family on survivor benefits, entitlements, emergency financial assistance, and other personnel-related issues. This is an important step in providing immediate assistance to families.
  - ☐ Note 1: To ensure the CAO can fulfill the assigned duties, the CAO is to be relieved of other duties.
  - ☐ Note 2: The CAO can provide assistance to other next of kin such as parents when warranted.
  - ☐ Note 3: The CAO should have a copy of the casualty assistance officer packet developed by the local CAC. This packet contains a Guide for Surviving Family Members to be given to families.
  - ☐ For guidance on the selection of the CAO and further information about casualty assistance procedures, see AR 600-8-1.
- ☐ Assemble and send a Care Team (i.e., a group of 2-3 trained volunteers) to provide emotional and logistical support services (such as comfort, meals, child care and home care assistance) on a short-term basis, if requested by the family. [Note: A Care Team is sent following notification, only if the family requests this assistance. A Care Team provides support and practical help for approximately 72 hours to 14 days until other family members arrive or the family no longer needs assistance.] The support provided by the Care Team supplements the assistance provided by the CAO. *[Disseminate Care Team brochure that can be found in the Operation READY Smart Book.]*
  - ☐ Note 1: While sending a Care Team is not mandatory, it is a significant and meaningful way units can support families. This is a support strategy being implemented by some units throughout the Army that they have found helpful to families.
  - ☐ Note 2: Unit leadership (or rear detachment commander during deployment) is responsible for assembling and overseeing the Care Team. When assembling a team, careful consideration needs to be given to the individuals selected to ensure the family will be comfortable with the presence of these individuals. For this reason, the RDC may want to seek input from the commander's spouse, battalion FRG advisor, battalion Care Team coordinator, and unit's FRG leader in determining who the family would most likely want to have around them. Also consider the personal wishes of the family, which the spouse or family may have provided on the family assistance information sheet.
  - ☐ Note 3: Care Teams can be comprised in different ways and may include any of the following individuals: key spouses from the brigade, battalion, and/or company; FRG leader, or spouses from the same platoon or company.
  - ☐ Note 4: The actual support provided by the Care Team will be based on the family's needs and guidance from the battalion rear detachment commander.
  - ☐ *[For further information about Care Teams, see Care Team Handbook in the Operation READY Smart Book.]*
- ☐ Coordinate funeral honors team and memorial service (includes tracking remains and finding out final destination sight for remains, verifying transportation arrangements for family, ensuring volunteers available for needed child care, checking speeches, having photo of Soldier with frame, preparing letter of condolence). [Note: The family will receive assistance with burial arrangements from Casualty Assistance Officer.]
- ☐ Inform FRG of time and date of memorial service(s) so unit families can be in attendance to support family of the fallen Soldier.
- ☐ Coordinate grief counseling and other support from Chaplains or community agencies.
- ☐ A Chaplain can provide pastoral counseling and comfort. The Chaplain can also provide information on funeral services, memorials and religious observances.

- ☐ Send letter of sympathy (battalion commander responsibility). *[A sample letter of condolence can be found in the Operation READY Smart Book.]*
- ☐ Contact family by telephone within one week of the death to offer condolences and circumstances of the death.
- ☐ Provide information on normal grief reactions and sources of support available. *[See relevant fact sheets for families and list of bereavement literature in Operation READY Smart Book.]*
- ☐ Refer family to military and community counseling and assistance programs as needed. *[See Resources for Families section of the Operation READY Smart Book for a list of counseling and other support programs available to families of fallen Soldiers.]*
- ☐ Arrange Public Affairs Office (PAO) to provide guidance to family on dealing with the media.
- ☐ In the event of a mass casualty, coordinate with family assistance center (FAC).

Transition Of Fallen Soldiers' Families (Recovery Phase)

After the Soldier's burial, the family faces the transition to life without the Soldier. This transition phase creates stressors for these families.

TRANSITION STRESSORS FOR FALLEN SOLDIERS' FAMILIES

- Dealing with grief and loss.
- Adjusting to new family roles.
- Handling various financial, legal and personal affairs.
- Dealing with constant reminders in media coverage and other situations.
- Finding a place to live, if necessary [Note: Families living in government housing are allowed to reside in this housing for a year. The military will pay for one household move. This move may result in loss of access to military services such as commissary.]
- Adjusting to civilian life (and loss of certain military connections).
- Finding employment, if necessary.

In the past, military families of fallen Soldiers have not received much support from the unit, namely because the Soldier's death often leads to a break in the unit's relationship with the family. However, the unit can and are strongly encouraged to support these families in the following possible ways:

LEADERSHIP'S TASKS FOR FALLEN SOLDIER'S FAMILY RECOVERY
Creating a supportive environment and making sure families' needs met

- ☐ Continue to contact family to show unit leadership's care and concern and to identify unmet needs.
- ☐ Ensure the CAO continues to assist the family following the funeral. The CAO can also provide information to the family on entitlements for transporting and shipping household goods, when necessary. (While there are no time limits on providing assistance, the CAO should remain in contact with the family until all benefits and entitlements have been applied for and begin to flow. The CAO's assistance can last 6 to 12 months or more.)
  - ☐ Note 1: The unit leadership should ensure family is getting the assistance needed from the CAO and finding the CAO helpful and compassionate.
  - ☐ Note 2: The unit leadership will need to ensure a smooth transition should replacement of CAO become necessary.
  - ☐ Note 3: There are a number of agencies that can assist the CAO; however the primary source of information is the CAC and CMAOC.

- ☐ Connect family to bereavement counseling, which is available from local veteran's office, CMAOC's Family Assistance hotline, and military support groups. *[For a complete listing, see Resources for Families section of the Operation READY Smart Book. Provide list of bereavement literature presented in Resources for Families section of the Operation READY Smart Book.]*
- ☐ Look for warning signs of traumatic grief and difficulties coping or functioning that indicate families (spouse and/or children) need professional help. *[See handout, Warning Signs Individuals Need Help, in the Operation READY Smart Book.]* Identify emotionally distraught survivors and refer to appropriate resources for support.
- ☐ Monitor surviving parent's well-being since their emotions and recovery can impact children's adjustment. Ask children how they are doing, since children often hide their distress.

4.4 Challenges With Casualty Assistance

Ability Of CNOS And CAOS To Perform Their Role Well

CNOs and CAOs play a critical but difficult role in the Army's casualty response efforts. Leadership can enhance CNO's and CAO's abilities to perform their role and cope with their stressors by identifying training, resources, and support network available to them. *[Note: For information on CNOs and CAOs' stressors, see impact on unit responders subsection in section 6.2 of Part VI of this handbook.]*

Supporting CNO

- Ensure the CNO gets trained and receives information about the normal grief reactions and grieving process**.** *[Disseminate handout with tips on dealing with grieving individuals in the Operation READY Smart Book.]*
- Ensure CNO gets a copy of the individualized notification script from the local CAC.
- Encourage the CNO to talk with CAC for guidance and assistance.
- Encourage CNO to "debrief" with CAC or informally with Chaplain or other Soldier on the casualty notification team.

Supporting CAO

- Ensure the CAO is available to focus full attention on assigned family.
- Ensure the CAO gets trained and receives information about the normal grief reactions and grieving process. *[Disseminate handout with tips on dealing with grieving individuals in the Operation READY Smart Book.]*
- Ensure CAO gets a copy of the casualty assistance officer packet developed by the local CAC.
- Encourage the CAO to talk with CAC for guidance and assistance.
- Although the Army regulation specifies how long the CAO should perform their duties, further guidance from leadership and CAC may be needed in interpreting the regulation.

For further guidance on the selection of the CNO and CAO and further information about casualty assistance procedures, see AR 600-8-1. To assist with training and for policy information related to casualty assistance, visit the Department of Defense's HomeFront web site at www.militaryhomefront.dod.mil, under the leadership tab, click on casualty assistance.

Compassion Fatigue[3]

Unit response team members (e.g., CNO, CAO, FRG volunteers, Care Team volunteers, rear detachment staff, and unit chaplain) and unit families are at risk of developing compassion fatigue when assisting in response and recovery efforts to a unit casualty. Compassion fatigue (or vicarious traumatization) is when those helping trauma victims show emotions and behaviors similar to posttraumatic stress as the result of ongoing exposure to victim's traumatic experiences. (Typically, this term is assigned to mental health professionals and disaster relief workers.) Although compassion fatigue usually develops over time, if not dealt with, burnout and problems in daily functioning and relationships with others can occur. Therefore, it is important for unit leadership, volunteers, Army Community Service and others assisting families when a trauma event occurs to take steps to minimize vulnerability to compassion fatigue. Below is a list of actions unit leadership can take to assist unit response team members and unit families.

- Help unit response team members and other individuals supporting families to determine their role and how long to assist a family. Help individuals and, in particular, unit response team members in determining what family requests are appropriate and inappropriate to handle.
- Ensure unit response team members have support needed to perform their tasks.
- Disseminate handout on tips to avoiding compassion fatigue. [Note. An article entitled "Coping with Compassion Fatigue" is available on Military One Source web site.]
- Coordinate and/or provide information on compassion fatigue training available from garrison ACS.
- Make sure individuals take care of themselves (i.e., eat properly, get sleep).
- Encourage individuals to use stress management techniques.
- Encourage individuals to take breaks. Give unit response team members time off.
- Thank unit response team members often.
- Monitor number of hours unit response team members spend assisting families (e.g., shifts of Care Team volunteers, CAO's hours).
- Monitor well-being of individuals assisting families.
- Encourage individuals to talk with others serving in same role (i.e., peer consultation) or Chaplain.
- Remind individuals to get professional help and review available resources for dealing with compassion fatigue. This is particularly important after an individual stops assisting a family because compassion fatigue can occur some time after.

Working With Families

When unit leadership (including rear detachment commander, rear detachment staff), CNO, CAO, FRGs, and Care Teams assist families of Soldiers wounded in action or killed in action, they will encounter intense emotions. To provide guidance to all parties on how to work with families in trauma situations, the following handouts have been prepared and appear in the Operation READY Smart Book:

- Tips on Dealing with Grieving Individuals
- Warning Signs Individuals Need Help
- Tips on How to Work with Families When Unit Trauma Occurs.

These handouts were developed based on trauma literature and overview on trauma reactions provided in Part V of this handbook. To learn about trauma reactions, read Part V of this handbook.

PART V: Understanding Trauma And Mass Trauma

PART V PROVIDES A BRIEF GENERAL OVERVIEW ON TRAUMA reactions and the factors that influence trauma reactions based on information from trauma experts and literature.[4] Having an understanding of how individuals react to trauma events is vital to being able to prepare and respond effectively when trauma events occur.

5.1 What Is A Traumatic Event?

Traumatic events are shocking and may be emotionally overwhelming situations. Trauma situations can also be frightening because of the potential threat of injury or death. The table below shows a classification of different types of traumatic events. Trauma events can be a one-time occurrence or an ongoing, repeated event as in combat or war.

TYPES OF TRAUMA EVENTS[5]

Individuals Exposed		**Community Exposed (Mass Trauma)**	
Intentional Trauma	Unintentional Trauma	Human Made	Natural Made
Examples: • Sexual or physical assault • Robbery • Rape	*Examples:* • Accident • Injury	*Examples:* • Industrial accident • Transportation disasters (e.g., plane crash) • Spacecraft disaster • Shootings, kidnapping, hostage situations • Terrorism • War	*Examples:* • Hurricane • Earthquake • Tornado • Flood

It is not uncommon for individuals to have experienced a traumatic event. Individuals can be exposed to trauma in different ways: physical impact (i.e., injury), visual exposure (i.e., witness), know someone hurt or exposed to trauma, and media (which results in repeated exposure). With many trauma events, it is not just the individual impacted, but an entire family or community. For example, when a Soldier is injured or killed in action, the entire unit, military community and civilian community where Soldier resided may be impacted.

KEY FACTS TO KEEP IN MIND ABOUT TRAUMATIC EVENTS

- Traumatic events may **create extreme stress, intense fear, helplessness or horror.** Individuals can feel isolated from others by the experience.
- Traumatic events are **different from normal stressful events.** Traumatic events are unanticipated and may create a prolonged sense of crisis and lack of control feeling.
- Some traumas **create additional stressors** such as loss of routine, job loss, loss of financial income, relocations/displacement of family or children, and the need to navigate government and insurance systems for assistance.
- Some traumatic events, as in the case of natural disasters for instance, **can cause disruption in community and social supports** making it difficult for individuals to get help.
- Traumatic events **involve loss** whether it is a death, destruction of property or community, or a symbolic loss (e.g., loss of sense of security, loss of ability to trust other people, loss of predictable future). Mass traumas often involve personal, community and symbolic loss.
- With any trauma, **individuals of all ages may struggle to find meaning in the event.**

5.2 How Do Individuals Respond To Traumatic Events?

Individuals' (both children and adults) reactions to traumatic events reflect their response to stress, intense fear, helplessness, vulnerability, and loss. This response involves physical (bodily), emotional (feelings) and cognitive (thoughts) reactions. Individuals' reactions to traumatic events vary considerably and can have varying impacts. For some individuals, the reactions cause a mild disruption in an individual's life whereas others exhibit severe and debilitating impairment in functioning.

Normal Trauma Reactions

Individuals will have many reactions. The constellation of responses seen both in adults and children can be wide ranging. Some responses, such as grief, depression and anxiety, include a variety of additional and overlapping symptoms. For some individuals, the cluster of reactions represents symptoms of acute stress disorder (ASD) or posttraumatic stress disorder (PTSD), but not necessarily a diagnosis of ASD or PTSD. Symptoms of PTSD are not uncommon, and most will recover after a period of time.

Common Trauma Reactions

- Grief/Traumatic grief (if sudden loss)
- Anger/Irritability
- Fear
- Disbelief/Shock
- Numbing and withdrawal
- Helplessness
- Confusion
- Unexplained somatic symptoms
- Depression
- Anxiety
- Feeling jumpy; easily startled
- Sleep disturbances
- Nightmares/flashbacks
- Distrust

Reactions To Loss And Death

Traumatic events can involve sudden loss or death. A sudden loss of a Soldier, child or family member is particularly difficult when death has occurred under any of the following circumstances: 1) death occurred without warning and opportunity to say goodbye, 2) death occurred as result of violence, 3) death in which body is never recovered, 4) multiple losses (e.g., mass casualty), and 5) death occurred as result of willful misconduct of others (e.g., accidents, war and terrorism). In the case of war, Soldiers can experience the sudden loss of a significant and close attachment. Initially, reactions to this traumatic loss may involve a wide range of intense emotions. Over time the frequency and intensity of these emotions are expected to diminish in a normal grieving process.

Traumatic grief. Traumatic deaths or sudden loss of significant and close attachment can lead to a grief process that is more complicated and difficult to resolve. Traumatic grief occurs when an individual shows extreme distress over an extended period of time and that grief dominates an individual's life. It is not uncommon for these individuals to experience intense reactions including agitation, suicidal ideation, and powerful rage (e.g., anger toward those perceived to be responsible) or revenge fantasies. These individuals may also have frightening memories/thoughts about the traumatic event by either agonizing about what their loved one experienced during the final moments of life or recalling the horror of the traumatic event they experienced. These frightening memories/thoughts along with the intense symptoms of distress are over and above the normal symptoms of bereavement and disrupt the grieving process.

Posttraumatic stress disorder. Symptoms of PTSD can also occur. In the context of a traumatic death, PTSD symptoms may appear as follows:

- Re-experiencing the traumatic event by having painful, intrusive thoughts or nightmares about the death
- Avoidance or emotional numbing (e.g., staying away from places, activities, or things related to the loved one's death)

- Feeling detached from others and inability to feel positive emotions
- Increased persistent anxiety and physiological arousal (e.g., difficulty sleeping, irritability, difficulty concentrating, tendency to be startled easily).

While these symptoms are normal symptoms of grief, when all of these symptoms occur together and persist then the individual may be experiencing PTSD and needs professional help.

Secondary Trauma And Trauma Reactions

Individuals can be traumatized indirectly. Secondary trauma can occur when learning about someone's (typically a loved one for families) trauma or through frequent interactions with a trauma victim and the victim's trauma symptoms (as in the case of both family members and unit responders such as casualty assistance officers and Care Team volunteers). The trauma reactions seen will be similar to the normal trauma reactions described earlier. The only difference is that in secondary trauma, the trauma reactions are associated with a trauma victim rather than the trauma event.

Other Facts About Trauma Reactions

KEY FACTS TO KEEP IN MIND ABOUT INDIVIDUALS' RESPONSES TO TRAUMA

- Initially, **individuals may have intense reactions.**
- In many mass trauma situations, such as war and natural disasters, individuals' **use of media increases.**
- Individuals' **reactions will change with the phases of the trauma event.** (There are four phases to a trauma event: impact, immediate posttrauma/rescue, early short term/recovery, and long-term/ "return to life"). Early responses to a trauma event reflect survival and adapting to perceived harm to self or others. In recovery and later, responses reflect individuals' efforts to cope with changed reality.
- **Individual's and family's reactions to trauma occur in parallel.**
- **Reactions** and abilities to cope with trauma event **depend on various factors** that include:
  - Circumstances of trauma event
  - Perceptions of the event's meaning
  - Ways individuals manage their emotions and cognitions
  - Recovery environment. (See next section for further details.)
- **Most people are resilient** and do ok over time.
- **Most people will not develop a psychiatric disorder.** The PTSD Alliance reports 20% will develop PTSD after a traumatic event.[6] However, responses left untreated can lead to serious disorders.
- **Trauma can lead to personal growth** (e.g., greater self reliance, stronger relationships, reevaluation of spiritual beliefs, and greater appreciation of life or rethink priorities).

5.3 Why Do Individuals Respond The Way They Do To Traumatic Events?

It is important to keep in mind that traumatic events create stress. Individuals' reactions to trauma both in the immediate aftermath and the months and years after the event reflect how individuals cope with stressful situations and change. It is difficult to predict how any given individual (or family) will respond. There are three sets of factors that determine how individuals and families will respond: 1) circumstances of the trauma event, 2) individual/family characteristics (i.e., strengths and vulnerabilities) and meaning individuals/families give to the experience, and 3) support system and recovery environment.

Circumstances of Traumatic Events

Reactions to traumatic event are dependent upon circumstances of the trauma such as:

- **Type or causality of traumatic event** — Situations in which a deliberate intentional effort to intimidate, control, or do harm to individuals are very different forms of trauma than nature made or accidents. Intentional and human made traumas tend to have a greater number of, more complex, and longer duration of psychological effects.
- **Whether single event, multiple events (e.g., 9/11), or ongoing (e.g., war, abuse)** — Multiple or ongoing trauma creates a sense of fear, dread, and rage over expected repeated trauma. [7]
- **Amount and level of exposure** — The greater proximity to or exposure to trauma event, the greater the impact.
- **Nature of losses** — Losses, other than death, can result in grief or depressed state reactions.
- **Ambiguous loss** — According to Pauline Boss,[8] certain situations create ambiguous loss. Ambiguous loss occurs: 1) when individuals are physically present, but psychologically not present (e.g., mental health disorder, war wounded, distressed parent, parent preoccupied with work) and 2) when individuals are psychologically present, but not physically present (e.g., military deployments, missing in action). These situations are stressful because the uncertainty is experienced on an ongoing basis with no closure. The stress of the uncertainty can impact family coping and relationships. For example, for military families, the ambiguity of not knowing whether the Soldier is dead or alive in a combat deployment can create a stress that is traumatizing and immobilizing (e.g., relationships and daily functioning are put on hold).

Individual/Family Characteristics

How individuals (and families) respond behaviorally and emotionally is determined by a number of personal factors including:

- **Temperament** – Individuals' personality traits often determine how individuals respond to extreme stress.
- **Resources** – Individual and family resources shape coping behavior. Individual resources are:
  - financial well-being
  - educational (problem-solving abilities, information)
  - health (physical and emotional well-being), and
  - psychological resources (self-esteem). [9]

  Family resources include family cohesion and adaptability (ability to change). [10]
- **Culture** – An individual's cultural beliefs can impact how an individual perceives the event, expresses emotions, and seeks help.
- **Coping style** – Individuals may use different coping strategies in different phases of a trauma situation. Two different coping styles are generally seen, either avoidance (e.g., withdrawal) or approach (e.g., take action).
  - **Family coping style.** Family coping style has been described as either a mastery (i.e., family perceives they have resources or access to resources to exercise some control over the situation) or fatalistic orientation (i.e., family believes they do not have resources to deal with the trauma). [11] When families take mastery orientation, they take a solution-oriented approach in contrast to fatalistic orientation which leads to passive behavior. [12]
  - **Effectiveness of coping strategies.** Coping strategies can be effective or ineffective. Further, ineffective coping strategies can add to source of stress. Research has shown that individuals who use withdrawal and avoidance responses are more likely to have greater posttraumatic distress, PTSD and failure to recover than those who use problem-solving or adaptive coping skills. (It is important to note that avoidance and hypervigilance are ways individuals typically cope with repeated loss and death.) Other coping strategies considered ineffective are drinking, denial, avoiding talking about trauma, and regression (in children). [13] According to Peebles-Kleiger, families may initiate controlling behaviors in response to the feelings of helplessness and these behaviors often do not "restore equilibrium and typically create additional harm". [14]

- **Past history of trauma and loss** – Previous trauma can have a positive or negative effect. If an individual experienced mastery (or positive meaning) with previous trauma, then an individual may display increased strength in their ability to cope with subsequent trauma situation. However, individuals who have experienced prior traumas can be more vulnerable to development of PTSD.
- **Preexisting stressors** – Stressors (such as marriage, divorce, serious health problems, job loss and family-related difficulties) preceding the trauma event can make an individual more vulnerable to traumatic stress reactions.
- **Spirituality and beliefs** – Traumatic events often cause people to question their beliefs about safety, trust, power/control, esteem and intimacy. For example, war (or combat deployments) often raises questions about moral and ethical beliefs. For example, terrorist attacks cause people to question their beliefs that the world is safe, secure and predictable. This questioning reflects individuals' and families' perceptions of their vulnerability, safety and control in the world which shapes how they respond. For example, families often feel a need to focus on safety and thus can show hypervigilance and control behaviors. [15]
- **Perception about meaning of events** – How individuals and families perceive events is a significant factor in the degree to which an event distresses individuals and families. This interpretation affects the nature of individuals' coping and responses. For example, Soldiers may deal with war by finding meaning and gratification in helper role. [16] A child who blames him/herself when a bad thing happens is likely to become distressed. [17]
- **Mental illness prior to event** – Individuals who had mental health problems or illness prior to event are likely to have problems following a traumatic event.

These factors can serve as individuals' strengths which enable individuals/families to show resilience or areas of vulnerability which lead to mental health problems/disorder. Individuals (and families) vary greatly in their strengths and vulnerabilities. The interaction of all these factors is complicated (see boxes below) and thus it is difficult to predict how any given individual (or family) will respond.

A WORD ABOUT WHY DISTRESS AND MENTAL HEALTH PROBLEMS OCCUR[18]

An individual's (families) responses to a stressor event and stress are shaped by the adequacy of individual (and family) resources along with their perceptions of the meaning of the event. If resources are overwhelmed and negative view is taken, then responses are likely to be maladaptive. In contrast, individuals who have sufficient resources and who reframe events or view event as opportunity for growth adapt better. The nature of individual/family responses determines the level of stress experienced. When mental health problems or impairment in functioning are seen, this is an indication a high level of stress is being experienced.

A WORD ABOUT WHY RESILIENCE OCCURS

Resilience is the ability to bounce back to a level of functioning equal to or greater than before the stressor event. To achieve this, an individual must be able to be flexible and stay healthy/thrive (i.e., maintain physical and emotional health and spirit for living) in times of undue stress. [19] Individuals can attain resilience in different ways.

Support System and Recovery Environment

This section focuses on the factors in the informal and formal support network that impacts individuals' (and families) ability to get aid and regain normal functioning.

- **Family** – Individuals often turn to family as a source of support when they are stressed. Other family members' reactions can influence an individual. For example, it has consistently been shown in the literature that children's reactions are closely related to parents' reactions to trauma.
- **Community** – Community response and social support can mediate adverse effects of trauma events. For example, community-wide response (e.g., community mourning together) can aid group recovery, when mass trauma occurs. Community attitudes and perceptions can also influence community support efforts and individual reactions.[20] For example, perceptions and attitudes about war have been known to influence the level of support Soldiers and families receive.

A WORD ABOUT SOCIAL SUPPORT

Social support is regarded as an important resource for families when dealing with stress[21] and coping and adapting to a traumatic event.[22] Social support refers to both information disseminated to facilitate problem-solving and development of new social contacts who provide help and assistance.[23]

5.4 Do Children Respond In The Same Way As Adults? What Effects Children's Reactions To Trauma? [24]

Like adults, children will display a variety of reactions and feelings in response to the stress, fear, and loss experienced with a traumatic event (such as combat deployment or parent's death). Not all children will exhibit all symptoms and their reactions will change over time. Some symptoms will be short-lived whereas other symptoms may persist. Some symptoms may not occur until years later.

NORMAL CHILDREN'S REACTIONS TO TRAUMA AND DEATH [25]

Young Children (0-5 years)	School-Age (6-12 years)	Teens and Adolescents (13-18 years)
• Crying • Fear of being separated from parent • Clinging • Whimpering • Change in sleep and eating habits • Regression in behavior (e.g., bedwetting, fear of darkness, thumb sucking) • Repetitive play or talk (especially children less than 3 years old) • Screaming, tantrums, irritable outbursts (especially 3-5 year olds) • Withdrawal (especially 3-5 year olds)	• Crying • Withdrawal • Unable to pay attention • Anger/disruptive behaviors (e.g., fighting, bullying, aggression) • Nightmares, sleep disturbances • Irritability • Fear • Self blame or guilt • Fluctuating moods • Physical complaints (e.g., stomach aches, headaches) • School problems (e.g., academic difficulty or decline, difficulty concentrating, school refusal) • Clinging (especially 6-9 year olds) • Regressive behaviors (especially 6-9 year olds) • Resentment (especially 9-12 year olds) • Suppressed emotions or denial (9-12 year olds) • Sadness, depression (especially 9-12 year olds) • Anxiety (9-12 year olds) • Repetitive talk with peers or thoughts (9-12 year olds)	• Suppressed emotions or denial; Emotional numbing • Reexperiencing • Avoidance of feelings • Acting out (engaging in risky, antisocial or illegal behavior) • Resentment • Guilt • Depression and/or suicidal thoughts • Distancing, withdrawal • Mood swings • Anxiety, panic • Anger • Fear • Appetite and sleep changes • Nightmares • Physical complaints (e.g., stomach aches, headaches) • Difficulty with peers • School problems (e.g., academic difficulty or decline, difficulty concentrating, school refusal) • Increased dependence or independence

As with adults, mental health problems can subsequently appear. The problems most likely to be seen are posttraumatic stress disorder, anxiety and depression.

The nature of children's reactions to a traumatic event and their risk of developing a mental health problem depend on the same three factors as described for adults: circumstances of trauma event, individual and family characteristics, family and community support. Here is a closer look at the key factors as it relates to children.

Individual Characteristics

- **Age** – Children of different ages display emotions in different ways. For example, 3 to 5 year old children may display anger by fighting and throwing tantrums whereas 9 to 12 year old children may exhibit aggressive and bullying behavior.
- **Cognitive level** – Cognition influences children's understanding of an event or death, which in turn influences children's emotional and behavioral responses. Also keep in mind that fear (e.g., fear about parent's death, fear about safety) is normal at certain developmental stages. A traumatic event can heighten a child's normal fears.
- **Ability to cope** – Children, especially young children, have less well developed coping strategies than adults. Thus they may have difficulty knowing how to handle their own feelings or can become overwhelmed by their feelings.
- **Child's personality** – A child's personality and temperament influence how a child responds, although these traits can become exaggerated. For example, an anxious child may become more fearful.
- **Child's relationship with deceased parent** – The nature of this relationship may determine how children feel the loss and their emotional recovery.
- **Child's prior experiences with trauma** – Children are more likely to be severely impacted if they have already suffered from a trauma.
- **Child's preexisting mental health problems** – Children who have mental health problems or illness prior to an event are more likely to have difficulties following the event.

Family Characteristics and Support

- **Parent's reactions** – This is one of the most significant factors that determine how children react.[26] Children's emotions can be in reaction to or mimic parent's reactions. Also children may be affected if parent is preoccupied with event and thus not available physically or emotionally.
- **Family's functioning style and relationships** – The nature of a family's communication and the way family members interact and support one another will determine the level of comfort and assurance children receive. A lack of family support makes children more vulnerable to having difficulties.
- **Changes in family life due to event** – These changes can create additional stresses that can have a negative effect or influence children's reactions.

Community Support

- **Support services and networks available before, during and after trauma event** – The availability of other individuals, who can provide comfort, reassurance, and support services is vital to reducing children's anxieties and facilitating children's abilities to cope.

5.5 How Should A Community Respond To A Traumatic Event?

The availability of research or evidence-based information on effective ways to support individuals and to respond in different trauma situations is mixed. A wealth of literature exists on disaster situations. Studies on combat primarily focus on treatment of PTSD. Little information is available on terrorism. While the following recommendations from trauma experts are offered for large scale terrorism events, the recommendations offer general guidelines for other mass trauma events such as war.

TRAUMA EXPERTS' RECOMMENDATIONS FOR MASS TRAUMA EVENTS [27]

Preparation phase

- Make plans that address preparedness, response and recovery phases. During planning, consideration should be given to determining the resources needed for expected surge in services, determining the means by which psychiatric care and mental health services will be delivered, setting up necessary collaborations and connections, and conducting training.
- Develop and implement a community response. Spontaneous responses, especially in disaster and terrorism situations, are typically not effective.

Response phase

- Provide a prompt response.
- Meet basic needs.
- Provide psychological first aid for acutely distressed individuals.
- Conduct crisis communications to control rumors, calm people and reduce people's sense of risk (especially with bioterrorism). Be honest in communications.
- Provide accurate information so people can prepare and know what to expect. Promote and facilitate adaptive and coping capacities.
- Ensure individuals have access to care and support.
- Screen individuals to assess psychological functioning and stress level, identify strengths (e.g., coping skills, social network), identify at-risk, and make referrals.
- Monitor needs and mental health issues.
- Tailor intervention efforts to particular groups.
- Provide outreach, especially to high risk.

Recovery phase

- Reestablish services if disrupted.
- Facilitate community healing.
- Continue to monitor needs, mental health issues and functioning. Get individuals with psychiatric diagnosis into treatment rapidly.
- Conduct outreach and provide information to build people's resilience and coping skills.

5.6 Implications For Military Units

Based on the trauma literature, this subsection offers general guidance when trauma situations impact military units.

Implications for Leadership

Here are tips for unit leadership to keep in mind when responding at the unit level to a trauma situation.

Do's

- Talk plainly and honestly to families.
- Provide information to help individuals understand normal reactions and recovery process. This is helpful in normalizing the experience for individuals and helping individuals to have realistic expectations for recovery. Keep in mind that most people will not need counseling, but they will need education and resources.
- Include families in the healing process. Do not focus solely on Soldiers.
- Monitor Soldier and family members' (especially spouses and children) well-being.
  - It is important to note that research shows that parents and teachers do not accurately report children's reactions. [28]
  - It is advisable to learn about individual and cultural differences in how symptoms are displayed or how individuals talk about what they are experiencing. Knowing this information can enhance abilities to detect warning signs.
- Focus intervention on decreasing risk factors and strengthening protective factors.
- Build community support and monitor environment:
  - Conduct memorial services that provide opportunity for tributes and shared mourning. Involve employers and schools in community memorials.
  - Control rumors and negative perceptions (i.e., negative social support).
  - Connect families to other people.
- Ensure responders (e.g., RDC, CAO, Care Team volunteers, FRG volunteers), connect with others to avoid burnout or fatigue.

Don'ts

- Debriefing is generally not recommended. Most individuals are resilient so debriefing everyone can be ineffective and in fact harmful.
- Do not assume individuals' reactions are signs of mental health problems/disorders, especially in early phase.
- Do not separate children from parents and their families as the separation can cause further anxiety.

Implications for Working with Families

Unit leadership and others (including unit FRGs) provide support to families. An information sheet in the Operation READY Smart Book provides tips from the trauma experts on how to deal with and support families at an individual level when a traumatic event has occurred. These tips are applicable to supporting families with war zone deployments and casualties, which are discussed in greater detail in other parts of this handbook. The intent of these efforts is to validate and acknowledge individuals' feelings, build individuals' resilience and coping skills, and provide a supportive, safe environment.

PART VI: Understanding The Impact Of War Zone Deployments

PART VI PROVIDES A BRIEF LOOK AT THE EFFECTS OF WAR and combat deployments on Soldiers and families based on recent research and literature. This information is intended to highlight key issues to leadership, but does not provide an exhaustive review of the research in this area.

6.1 Stressors of Combat Operations and War

War or combat deployments create a number of stressors. Although there are stressors common to every war, each war and deployment to a war zone also has unique characteristics that create additional stressors. Soldiers conducting military operations in a twenty-first century environment are facing the stressors created by terrorism and new enemy tactics. A listing of the stressors Soldiers face with combat deployments is presented in the table on the next page.

Deployments to a war zone are also stressful for families. (See the list of stressors for families on the next page.) Combat deployments have a great number of uncertainties that set them apart from traditional deployments. War also creates ongoing stress and chronic anxiety about the future possibility of death and trauma.[29] The uncertainties and additional stressors of current military operations are challenging the personal resources and military families' ability to cope with these deployments, especially with multiple deployments to a war zone.

COMBAT DEPLOYMENT STRESSORS [30]

Soldiers' Stressors	Children and Families' Stressors
• Anticipation of war (which includes unexpected separation, rapid training, rapid deployment, unknown future) • Anticipation of combat • Exposure to and/or participation in combat; threat of being killed or injured • Deployment environment conditions (e.g., severe weather, living conditions, interpersonal difficulties with supervisors or peers) • New equipment • Adjusting to high operation tempo (e.g., long hours, lack of sleep) • Adjusting to loss of freedom and autonomy (for Guard and Reserve) • Terror created by different warfare and terrorist tactics (such as missile attacks, chemical or biological agents, suicide bombers, IEDs) • Uncertainty about exact length of deployment; End date • Lengthy separation from family • "Home front issues"; Family problems or crises back home (e.g., dissolution of marriage, unexpected death in the family) • Communication from home (esp., "dear john letters" or no communication) • Reunion and reintegration into family • Concern about being different after combat • Disruption in occupational goals; loss or fear loss of job (especially for Guard and Reserve)	• Anticipation of war (which includes unexpected separation, rapid deployment, family disruption, unknown future) • Uncertainty about date of deployment • Uncertainty about exact length of deployment (i.e., date Soldier returns home); Deployment extension • Length of deployment, especially lengthy separation from Soldier (and the family "losses" created by Soldier's absence) • Uncertainty about Soldier's location and activities • Confusion on mission's purpose • Potential for Soldier injury or death; increasing concern about Soldier's safety with subsequent deployments to war zone • Communicating with Soldier • Concerns about children; Children's reactions • Children's concern about non-deployed parent's reactions • Media coverage • Emotional toll, especially with multiple deployments • Change in family roles and responsibilities • Relocation (if family or children move during deployment) • Worry over family's financial situation • Anticipation of reunion and Soldier's reintegration into family • Concern about what Soldier will be like when return from war zone • Worries about the effect of lengthy absence (and any possible redeployment to war zone) on family dynamic; Concerns about how family relationships will change • Concern about Soldier redeploying to war zone • Concerns about Soldier's well-being during and after deployment and when high OPTEMPO • Uncertainty about the future

6.2 Impact of War on Soldiers, Families and Units

Impact on Soldiers

It is important to understand the impact of war and combat experiences on a Soldier's mental health. Leadership will need to address the impact, especially when a Soldier's performance in theater, at home/family life, or in community is affected. Leadership will not be alone in their efforts. Soldiers' families will be involved in helping Soldiers deal with issues as well directly impacted by Soldiers' behaviors and emotions, a situation that can result in secondary traumatization.

Here is what is generally known about war-related deployments.

SOLDIERS' RESPONSE TO COMBAT [31]

Any number of symptoms of mental health disorder (also referred to as traumatic stress) may be seen when Soldiers are exposed to combat and other war zone stressors. These responses are normal acute stress reactions to combat and being confronted with danger. It is not uncommon for several responses to co-occur (referred to as comorbidity). There is growing opinion that the presence of any one or more of these stress reactions is not to be seen as indication of mental illness, but to be expected. When a Soldier's functioning becomes impaired and/or the Soldier is having difficulty adapting to the stress, then concerns about the Soldier's welfare need to be raised and professional treatment sought.

SOLDIERS' POSSIBLE REACTIONS TO COMBAT

- Combat Operational Stress Reaction (COSR)
- Traumatic grief
- Depression
- Somatic complaints; health problems
- Chronic fatigue
- Anxiety
- Substance abuse
- Posttraumatic stress disorder (PTSD)

Note: Each of these reactions represents a constellation of symptoms. *[For a list of symptoms and pertinent facts, see the Information Sheet on Soldiers' Reactions to Combat in the Operation READY Smart Book.]*

KEY FACTS TO KEEP IN MIND ABOUT SOLDIERS' REACTIONS TO COMBAT

- Soldiers may display a constellation of symptoms. The symptoms associated with COSR and PTSD are commonly seen.
- These symptoms may appear in theater of operations. Most symptoms will appear after deployment and will be noticeable to families.
- Symptoms tend to change considerably post deployment. The likelihood of Soldiers exhibiting mental health problems (or acute stress levels) tends to increase over time, appearing as early as 3 to 4 months after deployment or later (e.g., one year later). Soldiers exhibiting PTSD symptoms also tend to report other problems. It is difficult to predict the traumatic stress that will be seen in a particular Soldier. For these reasons, identifying at risk individuals at early screening and making accurate diagnostic assessments are challenging.
- Only a small percentage of combat Soldiers will be diagnosed with PTSD as a chronic condition in which impairment in functioning is seen.
- Soldiers' reactions and abilities to recover from combat deployment are largely determined by:
  – Level of combat exposure*

– Soldiers' coping style (which includes help-seeking behavior)
– Family support and recovery environment. *[For specific details about how these factors influence recovery, see relevant research summary in the Operation READY Smart Book.]*

*Combat experiences are the most significant factor that puts Soldiers at risk for psychiatric symptoms (such as PTSD) or lasting mental health problems.

SOLDIERS' RESPONSES TO INJURY

When a Soldier is injured, the Soldier has to deal with the trauma (i.e., the injury), demands of the recovery process, uncertainty about outcome and future, and, potentially, accept a new self image. The emotions and psychological impact seen depends on the nature of the injury and resulting functional loss, whether there is disfigurement, impact on sense of body integrity, and psychological resilience of the individual.[33] It is also important to keep in mind that Soldiers evacuated from a war zone due to physical injury are at a high risk for development of PTSD and other trauma-related problems.[34]

The family will witness the Soldier's efforts to deal with his/her trauma and recovery. With severe injuries, the family will likely deal with a variety of the Soldier's emotions over time. In addition, the family may face their own traumatization over the Soldier's injury.

SOLDIER'S REACTIONS TO INJURY[32]

Emotional reactions to severe physical injury likely to include:

- Perception of lack of control
- Depression
- Anxiety
- Resentment
- Anger and irritability
- Fear
- Helplessness
- Hopelessness
- Loss of body integrity
- Grief
- Relationship difficulties
- Body image problems (e.g., lack of confidence in body image, attractiveness, and/or sexual competence)
- Suicidal ideation
- Survivor guilt

Impact on Families

Studies have been conducted over the years to understand the impact of deployments on families and how families cope with deployments. Most of these studies describe the short-term impact and thus the long-term impact on families is not known. At the time this handbook went to print, studies on Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) were starting to appear. These studies and later studies are expected to provide important information on the effects of a lengthy combat deployment, a situation which has not occurred since Vietnam. OIF and OEF are different from Operations Desert Shield/Storm (ODS/S) because Soldiers are experiencing multiple tours to a more intense and prolonged combat situation than with ODS/S. The OIF and OEF have incurred a significant number of injured and killed Soldiers. Owing to the nature of this war, there are concerns about its impact on families.

Here is a closer examination of impact of wartime deployments on spouses and children.

SPOUSES' REACTIONS TO COMBAT DEPLOYMENT

The table below provides a brief synopsis of the research on wartime deployments, with particular emphasis on the impact of OIF and OEF.

KEY RESEARCH FINDINGS ON SPOUSE REACTIONS TO WARTIME DEPLOYMENTS

- Spouses are concerned about Soldier being in combat and having to be redeployed. [35] Spouses feel compelled to monitor the round the clock reporting of the war in the news. Some spouses spend so many hours watching that they put their lives on hold and/or become distressed.[36]

- Many spouses report they can manage financial matters and household tasks and handle day-to-day stresses during a deployment. However, as the length of the deployment increases, these are areas where the stress of the deployment can have an impact even for those who cope well. [37]

- Spouses self report that they have the greatest difficulty with managing their personal health and handling the loneliness. [38] Spouses report higher levels of depression and stress during deployment. [39]

- Children also report that the non-deployed parent's behavior and emotions change. Parent behaviors reported by children include: tense, worried, impatient, depression, absent-minded, very emotional, difficulty sleeping, and "stressed out". [40] These behaviors worried children about parent's ability to cope and function.[41] Some children also report their parent being emotionally or physically unavailable. [42]

- The most stressful phase of deployment cycle varies across families. The times that seem to create the most stress for families are: pre-deployment phase, midpoint of deployment, and reunion (especially the first three months). [43]

  – Almost half (47%) of spouses, who completed a Survey of Army Families in 2005, reported the reunion adjustment was not easy following a deployment between 2001 and 2004. [44]

  – Certain aspects of readjustment process were easier, such as marital intimacy. In contrast, the most difficult areas of readjustment were adjusting to Soldier's personality and moods, marital communication, and reestablishing parenting roles and child discipline.[45]

- Spouses' (and families') abilities to cope with combat deployments are affected by:
  – circumstances of the combat deployment (length of the deployment, number of tours)
  – coping strategies*
  – Army support (especially connections to unit) *[For specific details about how these factors influence coping, see relevant research summary in the Operation READY Smart Book.]*

*Effective coping strategies for families include: having information and keeping informed, knowing what resources are available, talking with others, channeling energy into helping others, communicating with deployed Soldier, and increasing support network. [46]

CHILDREN'S REACTIONS TO COMBAT DEPLOYMENT

Research on the effects of war on U.S. military children is limited. Few studies have been conducted and the information on children is mainly based on parental reports. Further, the research data that is available describes the short-term effects on children and thus the long-term impact is not known. A brief summary of key research findings are presented here, with an emphasis on findings from OIF and OEF.

KEY RESEARCH FINDINGS ABOUT CHILDREN'S REACTIONS TO COMBAT DEPLOYMENT

- Studies report increased levels of anxiety and depression during deployment.[47] Research also shows children are more likely to exhibit behavior problems with war deployment than in peacetime deployments, which is likely a reflection of additional stress experienced.[48]
  - Parents report high levels of stress in children whose parents are deployed for OIF and OEF.[49]
  - Adolescents self report that the greatest difficulties during the OIF and OEF deployments were the loss of deployed parent, change in family relationships (especially with non-deployed parent) and youth's responsibilities, intense family emotions (especially depression, anger, and tension), and intense fears and worries about deployed parent's safety. In response to these stressors (which were likely in addition to normal developmental stressors), adolescents reported anger/"lashing out", fights with non-deployed parent, daydreaming, depression, anxiety, and changes in school performance.[50]
- Like spouses, children report that reunion difficulties and reintegration of the military parent into the family is another stressful and challenging time for families.
  - Much of this difficulty focused on the change in roles and responsibilities for youth and parents. Adolescents who experienced OIF and OEF deployments talked about deployed parent not recognizing changes that adolescent (and family) had made. Youth had changed and yet this was not recognized by the deployed parent. Routines and responsibilities had changed and Soldier was not aware or expected everything to be the same as when left. Adolescents also were worried about how the deployed parent had changed.[51]
- The factors that appear to have the greatest influence on children's reactions to combat deployment are their:
  - perceptions
  - age
  - gender
  - coping style*
  - family environment (parent's reaction, family relationships, family support and communication).

* Some researchers report that children's coping strategies are not effective. Acting out and withdrawal are common ways children reportedly handle stress.[52]

[For more in depth information on how children cope with deployments and ways to support children, see Operation READY handbook on children and deployment.]

EFFECTS OF SOLDIER'S PTSD ON FAMILY

Reunion following a combat deployment is a difficult time for families. Families of Soldiers exhibiting PTSD symptoms face additional challenges. There are reasons to be concerned about the impact on the family as can be seen in the brief review of the literature provided here. A Soldier's PTSD can impact families in many ways, potentially leading to secondary trauma and creating a caregiver burden for spouses, if PTSD becomes a chronic condition.

Secondary trauma. [53] While there are differing views on how secondary trauma occurs, it is generally agreed that when combat veterans exhibit PTSD, this has a profound impact on individual and family functioning. See the box for additional details.

KEY FACTS ABOUT SECONDARY TRAUMA RELATED TO SOLDIER'S PTSD

- There are three theories on why family members may exhibit psychological symptoms:
  1) develop psychological distress from the burden of caregiving (i.e., secondary traumatic stress or compassion fatigue),
  2) develop symptoms from interacting and being with the military member who is displaying PTSD symptomatology (i.e., secondary trauma or also called vicarious traumatization), or
  3) show similar symptoms as military member after learning about what military member went through and wanting to express empathy.

- For children, PTSD may not necessarily be the cause as the following reasons have also been suggested: [54] transgeneration effects, domestic violence stemming from anger, poorer parenting practices and familial environment due to emotional numbing (a symptom of PTSD), or the child's identification with traumatized parent.

- Spouses of combat veterans with PTSD consistently report somatic complaints, more social isolation, and more marital and family adjustment problems.

- The veteran's angry outbursts and emotional numbing/interpersonal withdrawal symptoms of PTSD create the most problems for families.
  – The emotional numbing and avoidance prevent communication and intimacy, which in turn, results in marital discord, emotional emptiness for family, and prevents military member from reintegrating into the family. Subsequently, wives may seek divorce. Military member's PTSD-related withdrawal behavior may be reinforced.
  – Anger can lead to violence by either the combat veteran or spouse. This family violence is believed to account for manifestations of symptoms (e.g., behavioral difficulties, depression, academic difficulties, and so forth) in children.

- Research suggests that a solid relationship (i.e., long marriage), strong social support, and lack of circumstantial stressors (e.g., legal or financial problems) can serve as protective factors against marital problems and secondary trauma.

Caregiver burden. [55] Living with and caring for a military member with PTSD (especially as a chronic condition) places great stress on caregivers (typically spouses). The stressors include: crisis management, symptom management, social isolation, financial problems, strain on family system, and adjustment to course of the disease. The stresses of this burden on caregivers, especially for chronic conditions, have consistently been associated with poorer physical health and psychological adjustment. [56] High levels of anxiety and depression are commonly seen in caregivers. Interpersonal violence may be seen in some situations.

Impact on Unit Responders

Casualty notification and assistance are stressful tasks. Limited research information is available on the impact of these tasks on casualty response team members. A study conducted with Gulf War casualty notification officers (CNOs) and casualty assistance officers (CAOs) reveals important findings (see box below). This study indicates that for both positions dealing with the intense emotions of families and experiencing their own stress reactions were difficult. However, each found helpful ways to deal with the emotions and stress.

GULF WAR FINDINGS [57]

Casualty Response Team Members	Stressors	Reactions and Coping Strategy
Casualty Notification Officer	• Uncertainty about how family would respond • Uncertainty about own ability to perform and maintain composure • Dealing with "surprise" situations when families have heard unofficially • Dealing with fragmented family situations	***Reactions*** • Feelings of identification with the event (i.e., it could have been me) • Guilt • Feeling powerless to help or make things better ***Helpful coping strategy*** • Attending funeral
Casualty Assistance Officer	• Extended exposure to grief and emotions • Dealing with communication and processes within the Army channel • Belief leadership not supportive • Exposure to the remains • Family conflicts • Intense media and its impact on families' distress • Uncertainty of when to end job • Competing work demands	***Reactions*** • Feeling unprepared to do the job • Personal identification with deceased and family ***Helpful coping strategy*** • Personality hardiness • Social support

6.3 Recommended Interventions and Supports

An analysis of ODS/S, OIF and OEF, and other research has revealed important lessons. The implications of this literature have led researchers to make various recommendations that are summarized here in two areas: 1) helping families deal with stress and uncertainty of combat deployments and 2) enhancing community support. These recommendations focus on ways to address the mental health issues of families and children and to facilitate coping and resilience.

FAMILY SUPPORT IMPLICATIONS FROM RESEARCH [58]

Preparing and sustaining families to help them deal with stress and uncertainty

- **Provide information to help individuals prepare and know what to expect.** Families want information to help them get through deployment and to prepare for reunion. This includes knowing: what are normal reactions of children to deployment cycle, what Soldier experiencing, how to locate resources, what to expect with reunion, what is normal/abnormal and what to do, and when to seek help. With combat deployments, children and families need support and education to deal with the risk of harm to their Soldier and the effects of war and lengthy separations on their Soldier, individual family members, and the family as a whole.

- **Encourage families to prepare for deployment through discussions and planning.** Having family deployment plans are critical. Family discussions and plans need to address how the family will continue to function during deployment which includes talking about how the family and Soldier will communicate and how to maintain family traditions and routines.

- **Educate parents on how to prepare and support their children.** Parents need information on normal children's reactions to deployment, how to communicate in age appropriate manner, and signs and symptoms of depression and other mental health problems. Key messages to convey to parents include: talking to children about war and what changes will occur, taking care of themselves as their reactions affect children, modeling self-care and stress reduction to children so children learn effective coping strategies, having children involved in social support networks, encouraging parents to communicate their feelings to their children, and encouraging parents to talk to children before deployment.

- **Develop youth's resilience.** Using Boss's ambiguous loss framework, steps parents and youth can take to foster youth's resilience are :
  1) clarify children's perceptions to help children make sense of the event,
  2) help children gain new skills (e.g., teach how to control reactions and skills to perform new duties) and be explicit about children's roles within the family,
  3) increase children's awareness of mental health issues and help children find effective ways to deal with stress and anger, and
  4) let children know that having conflicting emotions is acceptable (especially when dealing with ambiguity and uncertainty).

- **Provide information earlier and make more readily available.** Families report that they want briefings and trainings to be conducted repeatedly throughout deployment. This would allow more families to have greater opportunities to get information and help with transitions. Families pointed out that they tend to forget information presented at pre-deployment, because it is an emotional and difficult time to absorb information. For this reason, families want pre-deployment information

sooner, especially for Guard and Reserve families, and for these briefings to be offered more than once. Allowing families time to absorb information and to explore web sites, then offering Q&A session is also suggested.

- **Provide families with single point of contact for when problems arise.**

- **Build individual and family strengths.** For children, offer skill building classes so can handle new responsibilities. For Soldiers and spouses, promote opportunities to sustain and strengthen marital relationships during and after a deployment. Services needed to help enhance family relationships include: marriage counseling and couples retreats, anger management classes, family counseling, and mental health services.

- **Conduct outreach.** Although programs are available, not enough families are aware and using them or recognize their value. Also need to create new ways to reach families especially since families are geographically dispersed and not near military installations.

- **Provide support on ongoing basis and tailor to family needs.** Families' needs are changing across deployments as families face new challenges and families' needs differ across groups. Recommended actions to better meet needs include: conducting ongoing assessments of family needs, tailoring family support programs, offering support for mid-deployment (which is a stressful time for some families), and modifying hours and location to increase accessibility.

- **Provide youth with activities that provide distraction.**

- **Facilitate youth's contact and communication with deployed parent.**

- **Increase unit's focus and support for reunion issues.** Provide more robust return and reintegration programs by making them more helpful to spouses and by offering training on preparing children for Soldier's return. Improve spouses' use of the various reunion programs and assistance available.

- **Involve families in veteran's treatment.** Ensure intervention also focuses on reducing the impact on families. Provide intervention for spouses. Spouses want services and social activities to reduce their stress and loneliness created by member's PTSD (especially withdrawal) and because they serve as caregiver. Four components for spouse's intervention are recommended:
  1) educating caregiver on PTSD, impact of PTSD on family, treatment, caregiver's normal reactions, impact of prolonged stress, and stress management skills,
  2) increasing caregiver's social support,
  3) encouraging participation in joint treatment, and
  4) linking to needed services and resources.

FAMILY SUPPORT IMPLICATIONS FROM RESEARCH

Enhancing community support

- **Train educators** so schools can provide better support to military children, especially children of Guard and Reserve families.
- **Build relationships with community religious leaders** to increase access to religious programs and religious leaders which are sources of support to families.
- **Increase unit and installation leader support for families.** Families want leadership to provide open and honest communication. In particular, families want to know unit activities and deployed Soldiers' well-being, when and where deployed, return date; want to know someone (i.e., leadership) cares about their well-being and understand challenges families face. Command is seen as a valuable source of information since media can present false picture and Soldier may downplay or not tell what is occurring. When there is a lack of information from command (or military), families wonder "what are they hiding".
- **Train FRG volunteers and increase command support of FRGs** to increase their effectiveness. This is critical because FRGs are a main source of support. Also families judge command commitment to families by what FRG does or does not do.
- **Connect families to other families** and promote self-help groups. This support is needed by spouses to handle loneliness. Children similarly find it helpful to be with other children who have had same experience.
- **Strengthen Soldier and family confidence in Army support agencies.**

6.4 Implications for Leadership

To prepare and sustain families and garner community support will require leadership to:

- Encourage Soldiers to make family readiness a priority with their families.
- Coordinate efforts between unit leadership, rear detachment, FRG, and community support agencies.
- Determine how to provide information that decreases uncertainty and yet does not compromise operational security.
- Be proactive.
- Increase focus and efforts in providing information and support to children and families throughout deployment cycle.
- Determine innovative ways to educate families and to increase opportunities for families to take advantage of available briefings and programs.
- Anticipate need for mental health care and inform Soldiers and families. However, needs for mental health care will vary depending upon level of combat exposure.
- Identify at risk Soldiers and vulnerable families even though this is not easy.
- Monitor Soldiers and families' needs and well-being on an ongoing basis.
- Determine effective ways to get Soldiers and families to get mental health care needed and reduce perception of stigma and barriers to mental health care.
- Reshape reunion efforts to focus on readjustment of Soldier and family.

[Note: The information and literature findings presented in Part VI of this handbook provides the rationale for the tasks and focus of particular leadership efforts identified in Parts II and III of this handbook. Parts II and III outline the specific tasks to prepare for and support families with war zone deployments.]

PART VII: Summary Highlights

Here are the key points for leadership to take away from this handbook.

★ Planning and preparation are critical to being able to respond effectively when a combat deployment, casualty incident, or any trauma event (such as natural disaster, terrorist incident) occurs. In order to prepare, it is important to have an understanding of how individuals respond, what are the stressors of the event and individuals' needs, what resources are (or will be) available to support Soldiers and families, and what support efforts based on research are helpful. This handbook is intended to provide information in all of these areas to assist leadership in being able to make plans as well as to guide response efforts. The intent is to minimize the impact of events that can be traumatizing for Soldiers and families and to build resilience.

★ Family support efforts with combat deployment, casualty incident, or any trauma event need to be conducted in three areas:

- helping families deal with the stress, uncertainty and effects of an event (e.g., war, Soldier injury, Soldier death)
- ensuring families' needs are met and monitoring family well-being, and
- creating a supportive environment for families.

It also vitally important to ensure Soldiers and families make appropriate emergency and preparedness plans. In a twenty-first century environment where there is potential for terrorist incidents and some military operations involve great danger, family planning is essential.

★ The primary purpose of support efforts should be on building resilience. Do not assume mental health problems will occur. Soldiers, families and children are remarkably resilient. Ways to build Soldier and family resilience with combat deployment, casualty incidents, or any traumatic event include:

– **Education and information.** Providing information about normal reactions and recovery process can reassure Soldiers and families that what they are experiencing is normal and they know what to expect. Also offering information on ways to handle emotions and reactions provides individuals with effective strategies for coping with situations. In combat deployment and mass trauma events (e.g., terrorist incident, natural disaster), keeping families informed in a timely manner is another essential step to alleviating fears and worries and dispelling misconceptions and rumors that can create distress.

– **Identification of resources.** To enhance Soldiers and families' abilities to seek help when necessary, it is essential to inform Soldiers and families of services available. This is particularly important when major or traumatic events occur in which special services have been created or there may be a lack of or little awareness of particular services.

– **Enhancement of individuals' strengths.** Skill building classes, services that help individuals deal with emotions (e.g., anger management class, stress management class), and services that strengthen family relationships (e.g., marital enrichment, counseling) are ways to build

individual and family strengths. Offering reassurance and encouraging self-confidence are also helpful to building resilience.

– **Facilitation of families' connections within and outside the family as well as promotion of families' use of their social support networks.** These sources of support make a positive difference when combat deployments and traumatic events occur.

★ Provide ongoing support. There is often a tendency to support families in the early phase of an event (e.g., in the initial months of a combat deployment, in the early months after Soldiers' return, or immediately following casualty notification). However, combat deployment/war, casualty incidents, and other traumatic events are often life changing events. Adjusting to these events can take time and present families with new issues or situations. For these reasons, it is important to provide information and support over an extended period.

★ Monitor Soldier and family well-being. Identifying problems early is critical to avoiding crisis situations and lasting mental health problems from occurring. In addition, showing ongoing leadership concern for Soldier and family well-being is an additional way to create a supportive unit environment which positively impacts Soldiers' and families' recovery.

★ When traumatic events occur, reactions across individuals will vary. It is important to accept the diversity of reactions and to be comfortable with intense reactions when they appear. Several handouts in the accompanying Smart Book provide tips on how to work with individuals and identify the signs of when individuals should be referred for professional help.

★ When combat deployment, casualty incident, or any trauma event occurs, the unit response and support team (i.e., rear detachment commander, casualty notification officer, casualty assistance officer, family readiness group leader, Care Team volunteers, and unit chaplains) will be called upon to support affected Soldiers and families. It is important to recognize that these individuals are at risk of compassion fatigue (i.e., vicarious traumatization) and thus, these individuals will also need to be supported to minimize their risk of traumatization.

★ Leadership is not alone in its efforts to respond to combat deployments, casualty incidents, or any traumatic event. There are numerous resources available to help leadership, Soldiers, families, and unit response and support team. Use this handbook and other Operation READY products to enhance your knowledge about these issues and resources available. Work with ACS, Chaplains, medical, and mental health agencies to arrange services and support needed for Soldiers, families and the unit teams. Take the necessary steps to enhance access to these services, to make individuals aware of available services, and to encourage use of services.

Smart Book

The following can be found in the accompanying Operation READY Smart Book.

ARMY REGULATIONS AND INFORMATION PAPERS

CARE TEAM HANDBOOK

CARE TEAM FORMS

RESEARCH SUMMARIES

- Factors That Influence Soldier Recovery From Combat Deployment
- Factors That Influence Spouses' Reactions To Combat Deployment

RESOURCES FOR FAMILIES *(This is a list identifying key organizations, web sites and literature in different topic areas for assisting families.)*

TRAUMA RESOURCES FOR LEADERS *(This is a list of sources for additional trauma related information.)*

HANDOUTS FOR FAMILIES

- Care Team tip card
- Combat Stress tip card
- Coping With Stress (See Operation Ready Smart Book)
- Information On Helping Family Members Cope With The Impact Of War
- Information On The Family Assistance Center (FAC)
- Understanding Children's Grief Reactions And Tips On Helping Children Cope With Grief
- Understanding Children's Reactions To Injury And Tips On Helping Children Cope With Severe Injury
- Understanding Grief Reactions And Tips For Spouses On Coping With Grief
- Understanding Soldier And Family's Reactions To Injury And Tips On Coping With Severe Injury
- What Families Can Do To Prepare For Deployments And Emergencies (Checklist)

HANDOUTS FOR LEADERS AND OTHER INDIVIDUALS PROVIDING FAMILY SUPPORT

- General Tips On Helping Families And Children With Deployments And Traumatic Events
- Information Sheet On Soldier's Reactions To Combat
- Tips On Dealing With Grieving Individuals
- Tips On How To Work With Families When Unit Trauma Occurs
- Warning Signs Individuals Need Help

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57. Bartone, 1996.
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II. WEB SITES

Military

Army Career and Alumni Program

www.acap.army.mil

Army Casualty Web site (also referred to as Casualty and Memorial Affairs Operations Center or CMAOC)

www.hrc.army.mil/site/active/TAGD/CMAOC/cmaoc.htm

Army Families Online

www.armyfamiliesonline.org

Army Wounded Warrior Program

www.armyfamiliesonline.org/skins/WBLO

Center for Study of Traumatic Stress

www.usuhs.mil/csts/

Department of Veterans Affairs

www.va.org/

Deployment Health Clinical Center

www.pdhealth.mil

Military Homefront

www.militaryhomefront.dod.mil

Military One Source

www.militaryonesource.com

National Center for PTSD

www.ncptsd.va.gov

Civilian

American Association of Retired Persons

www.aarp.org

American Legion

www.legion.org/

Amputee Coalition of America

www.amputee-coalition.org

Disabled American Veterans

www.dav.org/

Dougy Center for Grieving Children and Families
www.dougy.org
Family Caregiving Alliance
www.caregiver.org
International Society for Traumatic Stress Studies (ISTSS)
www.istss.org
Mental Health America (formerly National Mental Health Association)
www.nmha.org
National Amputation Foundation
www.nationalamputation.org
National Child Traumatic Stress Network
www.nctsnet.org
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