School Nurse Care Toolkit To Increase Awareness & Support to Military Children

Red Sox Foundation and Massachusetts General Hospital Home Base Program & Massachusetts Child Psychiatry Access Project, in Partnership with the Massachusetts Department of Public Health

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HOME BASE PROGRAM

RED SOX FOUNDATION

MGH 1811 MASSACHUSETTS GENERAL HOSPITAL

in partnership with

MCPAP Massachusetts Child Psychiatry Access Project

COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

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EXECUTIVE SUMMARY:

THE SCHOOL NURSE AND THE MILITARY FAMILY

WHEN ONE MEMBER OF A FAMILY SERVES, EVERYONE SERVES

Two million children in the U.S. have lived through a parent's deployment in support of Operation Iraqi Freedom (OIF) or Operation Enduring Freedom (OEF). In Massachusetts, 231,000 family members have lived through two or more deployments. Research suggests that a child's functioning and coping are affected by a parent's deployment. While most children manage the stress of the lengthy separation from a parent during a military deployment, research confirms that a child's functioning can be negatively affected. Children of all ages can evidence disruption in their behavior, mood, and academic performance when a parent is deployed. A recent study of the medical records of 640,000 children ages 3 through 8 found when the children were separated from their parent because of deployment, mental and behavioral health visits to their pediatricians increased by 11%. Pediatric visits for behavioral disruption increased by 19% and visits for stress disorders increased by 18%.[1] With increasing, cumulative total months of parent deployment, elementary and middle-school students' academic performance is negatively affected when compared to that of their peers without a parent deployed as a member of the Armed Services.[2]

NEW DEMANDS ON THE MILITARY CHALLENGE THE MOST RESILIENT FAMILIES.

Historically, rates of child maltreatment in the military were below those in the civilian population. With the onset of the conflicts in Afghanistan (2002) and Iraq (2003) however, rates for military families now exceed those of non-military families.[3] The likelihood of child maltreatment, primarily neglect, increases during a parent's deployment and is reported to be as high as 42%.[4-5]

UNIQUE CHALLENGES ACCOMPANY EACH PHASE OF THE DEPLOYMENT CYCLE.

The challenges military children face do not end when their parent returns home. The post-deployment re-integration phase brings disruption to the family re-organization and equilibrium achieved during the military parent's 8-12 month absence. These challenges are magnified when the parent returns with a combat-related injury or disability, including the invisible, signature wounds of the Iraq and Afghanistan wars, PTSD and traumatic brain injury. The Department of Veteran's Affairs estimates that approximately 20% of returning service members develop PTSD. Due to the stigma attached to this disorder[6], an estimated 50% of these service members do not seek treatment. Children of service members with PTSD are at higher risk for depression and anxiety than children of non-combat veterans; they may also develop PTSD symptoms of their own in response to the parent's PTSD-related behaviors.[7] Children who tragically lose a parent in combat not only deal with the loss of a mother or a father, but with a death that is traumatic.

HEALTH CARE PROFESSIONALS CAN CONNECT CHILDREN TO SUPPORT.

There is an urgent need for early identification of children coping with the unique, significant challenge of a parent's military deployment. This Toolkit is intended as a resource to school nurses to support resiliency in children dealing with a parent's deployment and return home. School nurses are invaluable to this mission—they are a readily accessible resource for school-aged military children, their parents, and the teams of professionals that educate them. School nurses care for these children in a setting that is second only to that of their family in being aware of their daily functioning. The Toolkit is intended to assist school nurses in early identification of military children and parents who can benefit from a warm, familiar adult taking the time to address the stress of a parent's deployment with them. School nurses can also, in collaboration with the student's teacher(s) when indicated, encourage a parent to request their primary care provider make a referral for a child psychiatry consultation through the MCPAP network. The Massachusetts Child Psychiatry Access Project (MCPAP), a state-wide system of regional children's mental health consultation teams, is designed to help PCCs meet the needs of children with psychiatric problems.

Overview of Toolkit and How To Use It

THIS TOOLKIT IS DESIGNED TO ASSIST THE SCHOOL NURSE TO:

(1) Advocate within the school district for the identification at the point of registration of all military children and their parent(s) by encouraging administrators to incorporate direct questions on registration forms and emergency contact cards for every student.

(2) Assess the degree of distress a child and his or her caretaking parent experience because of their military family member's deployment and re-integration.

(3) Give resource materials to children and parents whose stress can be best managed by psycho-education.

(4) Determine whether the child's or the child's caregiver's distress is significant enough to warrant encouragement of parent to request consultation from the regional MCPAP child psychiatrist.

TWO EXAMPLES OF HOW TO INTEGRATE THE TOOLKIT INTO SCHOOL NURSE CARE:

A kindergarten boy has been complaining for the last week of stomachaches and asking his mother to come to school and get him. He is not sick otherwise and when at recess seems to have energy and to enjoy playing with the other children. The usual reassurance has not been enough to get him to return to the class. When called, his mother is very unhappy about having to come to school, yet is reluctant to encourage him to remain until the end of his school day. The Toolkit provides several suggestions about how to broach the question of whether a family member is currently deployed and ways to support the parent, student, and the family in their efforts to cope with the associated stress.

One of the high school guidance counselors has come to you following a conference with a high school student whose mother is deployed to Afghanistan. The student reports that he is worried about keeping his grades up because his father has needed him to babysit a younger brother and younger sister when he is at work, and the father is drinking when he is at home. The Toolkit's brief assessments can be used to engage the parent and explore resources that could be mobilized for the father, as well as resources that could assist father and son to communicate more directly and effectively about meeting the challenges of the deployment.

FACT SHEET: CHALLENGES FACING THE MILITARY FAMILY

Key facts for the school community

CHALLENGES FACING THE MILITARY FAMILY: AN OVERVIEW

- <1% of the U.S. population serves in the uniformed Armed Services.
- Nationally, 2 million children have lived through a parent's deployment.
- 800,000 children have lived though two or more deployments.
- In Massachusetts, 13,000 children have one parent currently serving in the military.
- As the total number of months of deployments increases, the child and family level of functioning declines with adolescent girls and older adolescents (ages 15-17) experiencing more stress than children of any other age.
- Length of deployment and time between deployments ("dwell time") affect family functioning. Longer deployments and shorter dwell time are associated with less effective parent and child coping and greater family instability.
- Children are at greater risk of maltreatment, primarily neglect, during deployment due to the caretaking parent's heightened stress.
- Young children of single parents (usually mothers) are at greater risk of child maltreatment, most frequently neglect.
- Children who are temperamentally anxious and shy are more likely to require coping support during the time of a parent's deployment than children of other temperaments.
- Children's anxiety remains high while that of the spouse declines when the service member returns home.
- Children of veterans with PTSD are at higher risk for depression and anxiety than children of non-combat veterans; they may also develop PTSD symptoms of their own in response to the parent's PTSD-related behaviors.
- In Massachusetts, service members are most likely to deploy as a member of the National Guard, not as Active Duty. Consequently, a military-connected child in the Commonwealth is often the only child in class with a parent in the Armed Services. His or her isolation, and that of the family, adds significantly to the stress of the parent's absence and worries about his or her safety.

USEFUL MILITARY TERMINOLOGY

Branch of Service (in order of largest to smallest number of personnel)

- **Army** (Active Component, Reserve, and Army National Guard)
- **Air Force** (Active Component, Reserve, and Air Guard)
- **Navy** (Active Component and Reserve Component only)
- **Marine Corps** (Active Component and Reserve Component only)
- **Coast Guard** (Active Component and Reserve Component only)

Active Duty – Full-time military (24/7, 365 days/year), approximately 1.4 million active duty service members.

Reserve – Part-time military. Reservists train 2 weeks +1 weekend/month each year.

National Guard – Two branches of the Armed Services maintain a civilian reserve component, originally established to support international peace-keeping missions and respond to domestic crises.

- Army National Guard is the civilian reserve component of the U.S. Army.
- Air National Guard is the civilian reserve component of the U.S. Air Force.

OIF – Operation Iraqi Freedom (2003-2010).

OEF – Operation Enduring Freedom (Afghanistan, October 2001-present).

OND – Operation New Dawn (Iraq beginning 2010).

MOS – Military Occupational Specialty. This is the job a person has in the military. Each occupation is given a four-digit MOS code. The first two digits are the category of the job, and the last two digits are the specific job title. For example, if the MOS = 0331, the 03 = infantry, and the 31 = a machine gunner.

Mobilization and Deployment – Mobilization begins when a service member receives notice of orders to active duty, and prepares to transition from Reserve/Guard status to Active Component status. Active duty status begins with travel to the home station and is followed by mobilization to a location either in the U.S. or overseas. Deployment follows next.

Deployment Cycle – For the family, the deployment cycle begins when the service member receives notice of impending deployment and ends between 3 and 6 months following the service member's homecoming. This entire cycle is approximately 18 months long, depending on the service member's branch of service.

COVER THE BASES

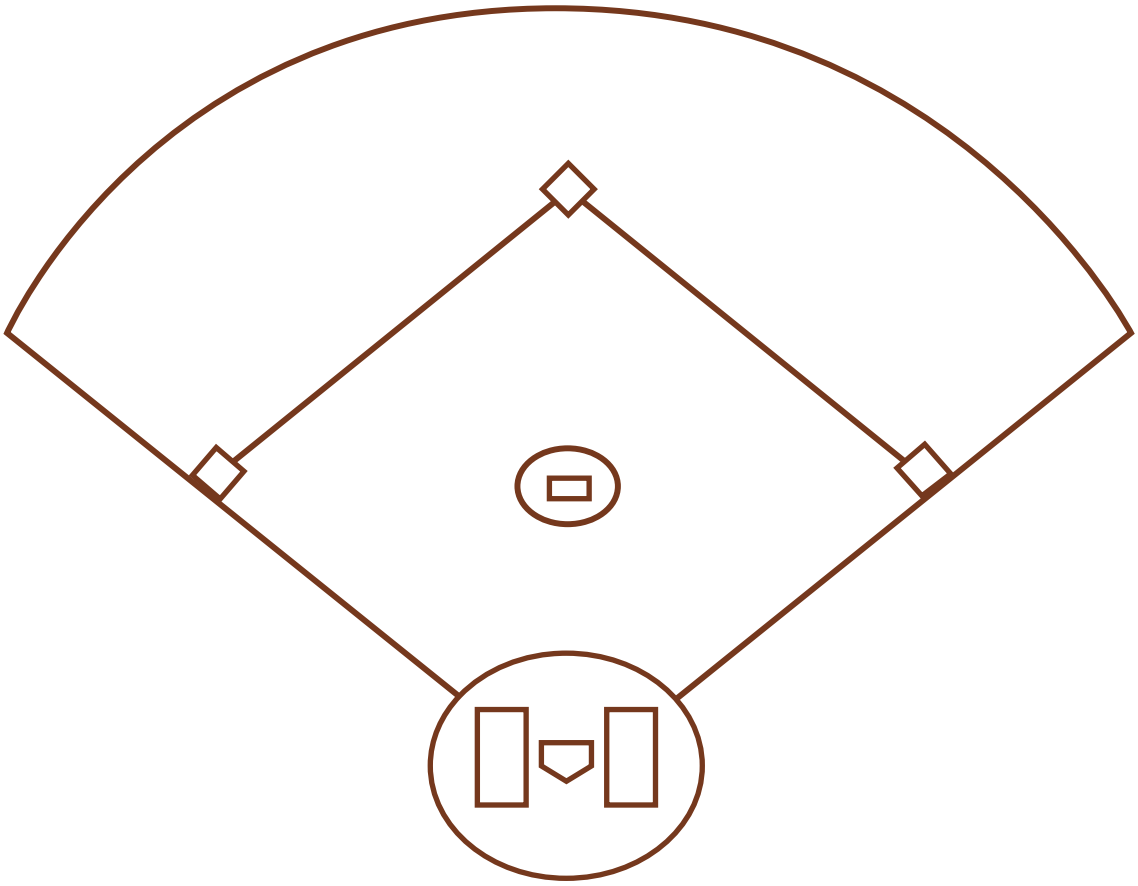
Four Questions to identify military-connected children and their current need for support and/or intervention

FIRST: Is anyone in the family in the military?

SECOND: Is anyone in the family showing signs of distress?

THIRD: Does any family member need additional help or support?

HOME: Is everyone safe at home?



Four Factors to Assess Deployment Impacts on Children and Families

FIRST: Family Before, During, or After Deployment
SECOND: Signs Effecting Children or New Difficulties
THIRD: Treatment or Help in Resolving Difficulties
HOME: Home Orderly or Are Major Changes Going On?

1. Is anyone in the family getting ready for, in the middle of, or returning from deployment?

a. When one person serves, the entire family serves.
b. Change is difficult. What is hardest differs for each person. Hard times can be opportunities for growth.

2. Any signs of effects on children or new difficulties emerging?

The transition away or back home requires everyone to adjust to the New Normal. Changes often occur in family member roles surrounding the deployment AND the return, and these can be uncomfortable even during reuniting.

a. Before Deployment:

How are you preparing for the upcoming deployment? Are you noticing any changes that concern you?

How does your child describe this deployment in his/her life? It's important for the family to discuss and construct a narrative of this "chapter" of their lives, and helpful if the family can see how it's been useful, impacted them in a positive way, or even what they've learned which will help them now and later.

b. During Deployment:

What changes do you see that worry/concern you? At school? At home? With friends?

(TO PARENT) How are you holding up? What do you use for a Support Network?

c. After Deployment:

Has the "honeymoon" worn off, has daily life become easier as a family or more difficult at the 3-month mark?

One cannot "un-know" what one "knows." If troubling memories persist, and don't "get better" (less frequent and intense), this is a sign that additional support or treatment is necessary.

d. The most common signs suggesting significant difficulty are: avoidance of the family, sleep changes, anxiety that is easily triggered, depressive symptoms, and mistrust of familiar others.

3. Any treatment or help needed in resolving difficulties (current or anticipated)?

a. Communication is the most helpful skill. Parent to child, child to parent/other adults, and friend to friend.

b. A safe network through friends, other military families, extended family, church or activity networks can be stabilizing and helpful supports for those who serve, for those leaving, and those returning.

4. Is the home currently orderly or are major events occurring?

a. The return home is eagerly anticipated, but includes unexpected changes.

b. Being "home" and in a safer place allows a person to move away from survival mode and to reflect on events.

c. Wounds can occur from feeling helpless amidst dangerous events as well as from being directly hurt.

CONVERSATION STARTERS

Talking with Military-Connected Children

1. **What branch of service is your dad/mom/brother/sister/cousin in?**

2. **What is his/her Military Occupational Specialty (MOS)?**

3. **How many deployments has your _____ had?**

4. **Where was your _____ deployed to before and for how long?**

5. **Where is your _____ (being) deployed to this time?**

6. **How long is it likely to be?**

7. **How much are you able to talk with him/her?**

8. **How's it going with him/her being away? How did you do the last time he/she was deployed?**

CLASSROOM BEHAVIOR CHECKLIST FOR TEACHERS

The Strengths and Difficulties Questionnaire (SDQ) is a brief 25-item questionnaire with 3 versions for teachers (Goodman, 1997)[9]. It is recommended to assess a student's classroom conduct as an indication of deployment-related stress. The items are both positive and negative. There are 5 scales, measuring: emotional symptoms, conduct problems, hyperactivity/inattention, peer difficulties, and pro-social behaviors.

Normative data for this instrument were obtained as part of the 2001 National Health Interview Survey (NHIS) conducted by the Centers for Disease Control and Prevention. It is regarded as the main source of information on the health of the civilian population of the United States.

The three versions based on the age of the student – 3 and 4 years old; 5 - 10 year olds; and 11-17 year olds – plus scoring and interpretation guidelines follow.

STRENGTHS & DIFFICULTIES ASSESSMENT FOR CHILDREN AGES 3-4

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of the child's behavior over the last six months or this school year.

Child's name .....

Date of birth.....

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	☐	☐	☐
Restless, overactive, cannot stay still for long	☐	☐	☐
Often complains of headaches, stomach-aches or sickness	☐	☐	☐
Shares readily with other children, for example toys, treats, pencils	☐	☐	☐
Often loses temper	☐	☐	☐
Rather solitary, prefers to play alone	☐	☐	☐
Generally well behaved, usually does what adults request	☐	☐	☐
Many worries or often seems worried	☐	☐	☐
Helpful if someone is hurt, upset or feeling ill	☐	☐	☐
Constantly fidgeting or squirming	☐	☐	☐
Has at least one good friend	☐	☐	☐
Often fights with other children or bullies them	☐	☐	☐
Often unhappy, depressed or tearful	☐	☐	☐
Generally liked by other children	☐	☐	☐
Easily distracted, concentration wanders	☐	☐	☐
Nervous or clingy in new situations, easily loses confidence	☐	☐	☐
Kind to younger children	☐	☐	☐
Often argumentative with adults	☐	☐	☐
Picked on or bullied by other children	☐	☐	☐
Often offers to help others (parents, teachers, other children)	☐	☐	☐
Can stop and think things out before acting	☐	☐	☐
Can be spiteful to others	☐	☐	☐
Gets along better with adults than with other children	☐	☐	☐
Many fears, easily scared	☐	☐	☐
Good attention span, sees tasks through to the end	☐	☐	☐

Signature ..... Date .....

Parent / Teacher / Other (Please specify):

STRENGTHS & DIFFICULTIES ASSESSMENT FOR CHILDREN AGES 4-10

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of the child's behavior over the last six months or this school year.

Child's name .....

Date of birth.....

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	☐	☐	☐
Restless, overactive, cannot stay still for long	☐	☐	☐
Often complains of headaches, stomach-aches or sickness	☐	☐	☐
Shares readily with other children, for example toys, treats, pencils	☐	☐	☐
Often loses temper	☐	☐	☐
Rather solitary, prefers to play alone	☐	☐	☐
Generally well behaved, usually does what adults request	☐	☐	☐
Many worries or often seems worried	☐	☐	☐
Helpful if someone is hurt, upset or feeling ill	☐	☐	☐
Constantly fidgeting or squirming	☐	☐	☐
Has at least one good friend	☐	☐	☐
Often fights with other children or bullies them	☐	☐	☐
Often unhappy, depressed or tearful	☐	☐	☐
Generally liked by other children	☐	☐	☐
Easily distracted, concentration wanders	☐	☐	☐
Nervous or clingy in new situations, easily loses confidence	☐	☐	☐
Kind to younger children	☐	☐	☐
Often lies or cheats	☐	☐	☐
Picked on or bullied by other children	☐	☐	☐
Often offers to help others (parents, teachers, other children)	☐	☐	☐
Thinks things out before acting	☐	☐	☐
Steals from home, school or elsewhere	☐	☐	☐
Gets along better with adults than with other children	☐	☐	☐
Many fears, easily scared	☐	☐	☐
Good attention span, sees work through to the end	☐	☐	☐

Signature ..... Date .....

Parent / Teacher / Other (Please specify):

STRENGTHS & DIFFICULTIES ASSESSMENT FOR CHILDREN AGES 11-17

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of the child's behavior over the last six months or this school year.

Child's name .....

Date of birth.....

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	☐	☐	☐
Restless, overactive, cannot stay still for long	☐	☐	☐
Often complains of headaches, stomach-aches or sickness	☐	☐	☐
Shares readily with other youth, for example books, games, food	☐	☐	☐
Often loses temper	☐	☐	☐
Would rather be alone than with other youth	☐	☐	☐
Generally well behaved, usually does what adults request	☐	☐	☐
Many worries or often seems worried	☐	☐	☐
Helpful if someone is hurt, upset or feeling ill	☐	☐	☐
Constantly fidgeting or squirming	☐	☐	☐
Has at least one good friend	☐	☐	☐
Often fights with other youth or bullies them	☐	☐	☐
Often unhappy, depressed or tearful	☐	☐	☐
Generally liked by other youth	☐	☐	☐
Easily distracted, concentration wanders	☐	☐	☐
Nervous in new situations, easily loses confidence	☐	☐	☐
Kind to younger children	☐	☐	☐
Often lies or cheats	☐	☐	☐
Picked on or bullied by other youth	☐	☐	☐
Often offers to help others (parents, teachers, children)	☐	☐	☐
Thinks things out before acting	☐	☐	☐
Steals from home, school or elsewhere	☐	☐	☐
Gets along better with adults than with other youth	☐	☐	☐
Many fears, easily scared	☐	☐	☐
Good attention span, sees work through to the end	☐	☐	☐

Signature ..... Date .....

Parent / Teacher / Other (Please specify):

SCORING THE STRENGTHS & DIFFICULTIES QUESTIONNAIRE

The 25 items in the SDQ comprise 5 scales of 5 items each. It is usually easiest to score all 5 scales first before working out the total difficulties score. Somewhat True is always scored as 1, but the scoring of Not True and Certainly True varies with the item, as shown below scale by scale. For each of the 5 scales the score can range from 0 to 10 if all 5 items were completed. Scale score can be prorated if at least 3 items were completed.

Emotional Symptoms Scale	Not True	Somewhat True	Certainly True
Often complains of headaches, stomach-aches ...	0	1	2
Many worries, often seems worried	0	1	2
Often unhappy, downhearted or tearful	0	1	2
Nervous or clingy in new situations ...	0	1	2
Many fears, easily scared	0	1	2

Conduct Problems Scale	Not True	Somewhat True	Certainly True
Often has temper tantrums or hot tempers	0	1	2
Generally obedient, usually does what ...	2	1	0
Often fights with other children or bullies them	0	1	2
Often lies or cheats	0	1	2
Steals from home, school or elsewhere	0	1	2

Hyperactivity Scale	Not True	Somewhat True	Certainly True
Restless, overactive, cannot stay still for long	0	1	2
Constantly fidgeting or squirming	0	1	2
Easily distracted, concentration wanders	0	1	2
Thinks things out before acting	2	1	0
Sees tasks through to the end, good attention span	2	1	0

Peer Problems Scale	Not True	Somewhat True	Certainly True
Rather solitary, tends to play alone	0	1	2
Has at least one good friend	2	1	0
Generally liked by other children	2	1	0
Picked on or bullied by other children	0	1	2
Gets on better with adults than with other children	0	1	2

Prosocial Scale	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	0	1	2
Shares readily with other children	0	1	2
Helpful if someone is hurt, upset of feeling ill	0	1	2
Kind to younger children	0	1	2
Often volunteers to help others	0	1	2

The Total Difficulties Score:

is generated by summing the scores from all the scales except the prosocial scale. The resultant score can range from 0 to 40 (and is counted as missing if one of the component scores is missing).

INTERPRETING SYMPTOM SCORES AND DEFINING "CASENESS"

Interpreting Symptom Scores and Defining "Caseness" from Symptom Scores

Although SDQ scores can often be used as continuous variables, it is sometimes convenient to classify scores as normal, borderline and abnormal. Using the bandings shown below, an abnormal score on one or both of the total difficulties scores can be used to identify likely "cases" with mental health disorders. This is clearly only a rough-and ready method for detecting disorders – combining information from SDQ symptom and impact scores from multiple informants is better, but still far from perfect. Approximately 10% of a community sample scores in the abnormal band on any given score, with a further 10% scoring in the borderline band. The exact proportions vary according to country, age and gender – normative SDQ data are available from the web site. You may want to adjust banding and caseness criteria for these characteristics, setting the threshold higher when avoiding false positives is of paramount importance, and setting the threshold lower when avoiding false negatives is more important.

	Normal	Borderline	Abnormal
Parent Completed			
Total Difficulties Score	0 - 13	14 - 16	17 - 40
Emotional Symptoms Score	0 - 3	4	5 - 10
Conduct Problems Score	0 - 2	3	4 - 10
Hyperactivity Score	0 - 5	6	7 - 10
Peer Problems Score	0 - 2	3	4 - 10
Prosocial Behaviour Score	6 - 10	5	0 - 4
Teacher Completed			
Total Difficulties Score	0 - 11	12 - 15	16 - 40
Emotional Symptoms Score	0 - 4	5	6 - 10
Conduct Problems Score	0 - 2	3	4 - 10
Hyperactivity Score	0 - 5	6	7 - 10
Peer Problems Score	0 - 3	4	5 - 10
Prosocial Behaviour Score	6 - 10	5	0 - 4

Generating and Interpreting Impact Scores

When using a version of the SDQ that includes an "Impact Supplement", the items on overall distress and social impairment can be summed to generate an impact score that ranges from 0 to 10 for the parent-completed version and from 0-6 for the teacher-completed version.

	Not at all	Only a little	Quite a lot	A great deal
Parent report				
Difficulties upset or distress child	0	0	1	2
Interfere with HOME LIFE	0	0	1	2
Interfere with FRIENDSHIPS	0	0	1	2
Interfere with CLASSROOM LEARNING	0	0	1	2
Interfere with LEISURE ACTIVITIES	0	0	1	2
Teacher report				
Difficulties upset or distress child	0	0	1	2
Interfere with PEER RELATIONSHIPS	0	0	1	2
Interfere with CLASSROOM LEARNING	0	0	1	2

Responses to the questions on chronicity and burden to others are not included in the impact score. When respondents have answered "no" to the first question on the impact supplement (i.e. when they do not perceive the child as having any emotional or behavioural difficulties), they are not asked to complete the questions on resultant distress or impairment: the impact score is automatically scored zero in these circumstances.

Although the impact scores can be used as continuous variables, it is sometimes convenient to classify them as normal, borderline or abnormal: a total impact score of 2 or more is abnormal; a score of 1 is borderline; and a score of 0 is normal.

MILITARY CHILD AND FAMILY BEHAVIORAL HEALTH RESOURCES

RED SOX FOUNDATION/MASSACHUSETTS GENERAL HOSPITAL HOME BASE PROGRAM

The Home Base Program is a partnership between the Red Sox Foundation and Massachusetts General Hospital, dedicated to improving the lives of veterans and their families who deployed in support of the conflicts in Iraq and Afghanistan and live with deployment- or combat-related stress and/or traumatic brain injury. The Family Support Team of the Home Base Program is designed specifically to support the emotional health of children and parents through challenges that affect military families, including deployment and re-integration stresses by providing child and family consultation, treatment, and referral services. 101 Merrimac Street, Suite 250, Boston, MA 02114, 617-724-5202. www.homebaseprogram.org

MILITARY AND FAMILY SUPPORT CENTER

The Massachusetts Military and Family Support Center focuses particularly on the needs of the Guard and Reserve community across the Commonwealth. An information based resource, it provides military personnel, families and veterans from all Armed Forces branches a variety of services in one convenient location. It is also the home of the Massachusetts Family Programs and the Deployment Cycle Support Operations Directorate. The center provides on-site expertise and assistance for obtaining emergency aid, education benefits, career counseling, military pay resolution, identification card services, legal affairs, social welfare, health care benefits, family counseling and claims guidance. 14 Minuteman Lane, Wellesley, MA 02481, 1 (800) 301-3101 ext. 7220 or (508) 233-7220.

MILITARY FAMILY LIFE CONSULTANTS (MFLAC)

MFLAC is a program of Health Net. Inc., one of the nation's largest managed health care companies. Licensed clinical providers provide short-term, non-medical counseling to Service Members and their families to augment existing military support programs. The MFLAC program provides support for a range of issues including: relationships, crisis intervention, stress management, grief, occupational and other individual and family issues. (508) 233-7708 or (508) 233-7953.

MASSACHUSETTS SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN (MSPCC)

A state-wide, non-profit organization dedicated to serving the needs of children and their parents with a comprehensive array of services, including in each community location, the Military Family Support and Stabilization Program, a specialized mental health team. www.mspcc.org

- **Holyoke**, 230 Maple Street, Holyoke, MA 01040, 413-532-9446
- **Hyannis**, 206 Breeds Hill Road, Hyannis, MA 02601, 508-775-0275
- **Jamaica Plain**, 157 Green St., Jamaica Plain, MA 02130, 617-983-5800
- **Lawrence**, 439 South Union Street, Lawrence, MA 01843, 978-682-9222
- **Lowell**, 126 Phoenix Avenue, Lowell, MA 01854, 978-937-3087
- **Springfield**, 235 Chestnut Street, Springfield, MA 01103, 413-734-4978
- **Worcester**, 335 Chandler Street, Worcester, MA 01602, 508-753-2967

MILITARY CHILD AND FAMILY BEHAVIORAL HEALTH RESOURCES

GIVE AN HOUR

A national non-profit organization providing free mental health services to U.S. military personnel and families affected by the conflicts in Iraq and Afghanistan. There is a searchable by zip code database on their website of volunteer licensed professionals who donate an hour each week to support service members and their families. www.giveanhour.org

STRATEGIC OUTREACH TO FAMILIES OF ALL RESERVISTS (SOFAR)

A mental health organization that provides free psychotherapy to any family member of Reserve and National Guard before, during, and after deployment. Volunteer licensed professionals (psychologists, psychiatrists, psychopharmacologists, psychiatric nurses, and social workers) provide a range of mental health services to military families, including family support sessions and individual counseling. Any family member can request services by calling 617-266-2611 or 1-888-278-0041 or by making a request by email at help@sofarusa.org. Additional information is available on their website. www.sofarusa.org

MASSACHUSETTS CHAPTER OF THE NATIONAL SOCIAL WORK ASSOCIATION (NASW), THERAPY REFERRAL SERVICE

This is a free, confidential referral service to licensed Massachusetts clinical social workers who provide counseling to individuals, children, and families. Contact the service by calling either 617-720-2828 or 800-242-9794 or sending an email to info@therapymatcher.org. The social worker who responds to the inquiry gathers information about current concerns, preferred location of counseling, insurance, and any other factors that would assist in making a good match. Clinical social workers are suggested and their training and experience are described. The Therapy Referral Service states that it is dedicated to work with the individual seeking counseling until an appropriate therapist is identified. Both professionals seeking an appropriate referral for a client and individuals seeking referral for themselves or a family member can use this service. www.TherapyMatcher.org

PARENTING TIP #1: PREPARING FOR DEPLOYMENT

1. **Make Team Decisions.** Discuss what you and your spouse/partner want to share with the children. Decide on what you want to call the upcoming separation ("Mom will be serving our Country," "Dad will fix planes in Iraq."), and how the family will stay connected during the deployment. Clear, simple, language is best. Anticipate and decide together how to answer core questions: What will you be doing? How long will you be away? How will you be safe?

2. **Develop a Game Plan for Questions:**

   Go At Your Child's Pace. Welcome all your child's questions warmly, and let them ask when they're ready to discuss a topic.

   Rely On Your Teammates. Not all questions require immediate or detailed answers. It's all right to say, "That's a good question. I'll need to think about it/talk it over with [spouse, minister, other family member) and get back to you."

   Look for Signals. Respect a child's wish not to talk. Check in with your child from time to time and ask if he is hearing too much, too little, or the right amount about the deployed parent and changes at home.

3. **Combat Fears.** Don't let your child worry alone. Encourage your child to share with you what others may have said about the war or about a specific news items about the war.

4. **Keep Your Child Up to Speed.** The worst way for a child to receive troubling news is to overhear it. News learned by accident is often confusing and inaccurate, leaving the child with incorrect and unhelpful information. Direct communication lets your child know she is important.

5. **Create Special Family Memories.** Taking photographs, making videos, and creating shared memories help a child cope with the separation surrounding a parent's deployment.

6. **Maintain Healthy Routines.** Try to maintain your child's usual schedule. This includes school, play dates, homework, extracurricular activities, and household responsibilities. Talk with each child's teacher and let your children know who they can go to if they have a hard time at school.

7. **Keep Morale High.** Carve out protected family time. Check in every day with every member of the family.

8. **Take Care of Yourselves.** Parents need to be mindful of their own well being and how it impacts their children. Seek the help you need to feel confident. It is normal to feel worried, but when overwhelmed, rely on your support network of family members, friends, clergy, and others who can help.

PARENTING TIP #2: COPING WITH DEPLOYMENT CHALLENGES

1. **During deployment, welcome all your child's questions warmly.** Try to tease out the "real" question your child wants to ask. Not all questions require immediate or detailed answers. It's all right to say, "That's a good question. I'll need to think about it/talk it over with (spouse, minister, other family member) and get back to you."

2. **Respect a child's wish not to talk.** Check in with your child from time to time and ask if he is hearing too much, too little, or the right amount about his deployed parent and changes at home.

3. **Don't let your child worry alone.** Let your child use their network of friends, family, and trusted adults to process what others may have said about the war or about a specific news items about the war. This goes for parents, too.

4. **The worst way for a child to hear troubling news is to overhear it.** News learned by accident is often confusing and inaccurate. Keep the lines of communication open. Direct communication lets your child know she is important.

5. **Try to maintain your child's usual schedule.** This includes school, playtimes, homework, extracurricular activities, and household responsibilities.

6. **Carve out protected family time.** Make good memories to share and continue living vs. putting life on hold. Keep the family strong, and keep information (cards, photos, videos, etc...) going to the deployed family member.

7. **Take good care of yourself.** Parents need to be mindful of their own well-being and its impact on their children. It is normal to feel worried, but if you are overwhelmed, turn to your support network of family members, friends, clergy, and others who can help you and your children. Seek the help you need to feel confident.

PARENTING TIP #3: TALKING TO CHILDREN ABOUT YOUR HOMECOMING

1. **Prepare Yourself:**
   a. What did you tell your child about the return home?
   b. How have you talked about it since getting home?
   c. Did you anticipate with your child (and spouse/partner) what might be hard?
   d. What are you surprised/disappointed/worried about?
   e. Do you have any specific worries?
   f. Who in the family seems "most" worried?
   g. Who is there to help you? Do you know who to contact if things get worse?

2. **Make the Child's Experience Talk-About-Able.** Use questions to help the child describe deployment impacts on them:
   a. What was easier about the time when I was away?
   b. What was the worst stuff about my time away?
   c. Is anything easier now that I am home?
   d. What surprised you about the time I was away?
   e. What is different about my return than you had imagined?
   f. Do I seem different? In what ways? Can you give me an example?
   g. How have you changed? In what ways? Can you give me an example?

3. **What if they ask: "Why did you have to go?"**
   a. Express the love in the choice to serve.
   b. I love you enough to serve our country so that it will be a safe place for you to grow up.
   c. I knew I would do everything I could to stay safe.
   d. My service will help our family in these ways…

4. **What if they ask: "Why are you so angry?"**
   a. In _____, keeping things under control was life or death, it is hard for me to get relaxed again even about the small stuff.
   b. I get [e.g. headaches] more easily now, noise bothers me a lot more. I hope this will get better and better.
   c. When people are in a war zone, everyone has to be a "first time listener". Everyone knows to follow orders. So, it is frustrating that at home we say the same rules over and over and it seems like you only listen if I yell.

PARENTING TIP #4: WHEN BIG PROBLEMS EMERGE

1. **VIOLENCE**
   a. No one ever wants to hurt those they love.
   b. No one ever feels good about being hurtful.
   c. Safety, physical and emotional, is priority one.
   d. It is much easier to heal a relationship with a family member before something serious happens. Don't be afraid to ask for help.

2. **SUBSTANCE ABUSE**
   a. After being on high alert it makes sense that alcohol and drugs are a way to "turn off"
   b. It is hard to have perspective when you are using
   c. Ask your family for honest feedback
   d. Make a contract with yourself to be substance-free for 2 months. Can you do it? What changes as you do this?
   e. Seek treatment for the problems that make drinking the solution, before the drinking becomes another problem.
   f. Drinking, drugging, depression, TBI (Traumatic Brain Injury) and PTSD (Post-Traumatic Stress Disorder) are often mixed together. Getting help can help you address the problems.

3. **INJURY**
   a. War injuries rarely remain "badges of honor" over time. Instead, injuries often become perpetual, painful reminders of traumatic events. The injured may, over time, feel frustrated when skills don't return, resentful about this personal loss, angry at others who take for granted simple actions, and yet feel guilty for having such feelings.
   b. What is different because of the injury? Bodies may change, but people don't always change.
   c. How do you describe the injury to others? Has the family constructed a narrative to make questions less uncomfortable?
   d. Are children a part of the solution to living with the injury? Do children have reasonable tasks or roles to help the family function amidst this change?
   e. What is the prognosis? Are family members empowered to encourage, discuss, the injury?
   f. Loss is associated with stages of denial, anger, bargaining, depression, and acceptance. These often occur at different times for different family members. Where are the family members in this process, and who is struggling most.

PARENTING TIP #4: WHEN BIG PROBLEMS EMERGE

4. POST TRAUMATIC STRESS DISORDER (PTSD)

a. The Department of Defense estimates that nearly 20% of those who served in Iraq or Afghanistan develop PTSD. It is an injury that requires medical attention and treatment as much as any physical injury.

b. If you are worried because your loved one has returned from theater and is having problems sleeping because of violent nightmares; is avoiding social situations because he or she is nervous, jumpy, agitated, or paranoid; is withdrawing from you and the kids; is on "high alert" all the time; and/or is reliving memories from combat, an evaluation with a doctor can help.

c. Often, the person affected does not want to seek medical care, or has tried and been frustrated. Try to remember that many service members refuse to consider treatment because of pride and fears about the information interfering with advancement or job opportunities. Many of them eventually enter care because of wives, children, mothers, fathers, brothers, and sisters who persisted.

d. Stay connected to your support network, read about PTSD and how it affects those who have served, and how it affects their families. The National Center for Posttraumatic Stress Disorder website (www.ptsd.va.gov) has helpful information for family members. Informing yourself about this condition and the stresses associated with it is an invaluable coping strategy. Knowledge is a form of power. Consultation with a professional familiar with PTSD and its impact on families and supportive counseling for you and the children may be an additional, helpful coping strategy.

PARENTING TIP #5: DEATH OF A PARENT, TALKING TO CHILDREN

The fear that a loved one, whether husband, wife, mother, brother, sister, could die serving our country is ever present in the lives of military families. When that fear becomes a reality, you face not only your own grief, but your child's as well. You know your child best and will know how best to support him or her in this painful loss. There is no right or wrong way to grieve. Most important, as much as we wish we could, it is not possible to protect a child from experiencing the impact of this loss. What is possible is to support children as they mourn and heal. With your support and that of other caring adults, your child will have a future that is bright and fulfilled.

It may take time for you to feel able to talk with your child as you cope with your own grief. Allow other loving adults to help your child sort through the many feelings that come with such a loss. This may be another family member, close friend, teacher, or clergy member. A child may feel freer to voice all their worries to another adult who is not grieving as intensely as you are.

When you are ready to talk, be honest. Use simple, direct language appropriate to his or her age. It's okay not to have answers to all of his or her questions. To say you are sad, or confused by what happened and why it happened won't shake your child's confidence in your strength or ability to comfort and help them. You can let your child know you will think about what they are asking and "get back" to her. This models a valuable coping strategy and lets her know that you take her concerns seriously.

Your son or daughter may ask the same questions over and over. Try to be patient just as you were when she was practicing something new like walking. She is asking repeatedly because she is struggling with something hard to believe and to accept. If her asking comes at a bad time for you, it is okay to let her know that. Say you will find time a little later to talk. Suggesting that she talk with another loving adult in her life such as a grandparent is something else you might do.

Particularly when a parent's death is sudden, a child can feel guilty and irrationally responsibility for the death. Your son might say, "If I had told Daddy one more time that I loved him, he wouldn't be dead." Reassure him nothing he did or didn't do caused his father's death. For example, "Daddy died because of an explosion in Afghanistan, not because of anything you did. He never doubted you loved him, and was always proud and happy that you were his son and he was your dad."

While no child's loss is ever exactly like another's, reassurance can come from learning about how others have coped with a death in the family. For a younger child, previewing the Sesame Street videos, "When Families Grieve" and "Elmo and Jessie—Memory Box," then watching together those portions that you decide are best can comfort you both. With an older child, you might read a book together like ***How It Feels When A Parent Dies*** by Judith Krementz. In seeking other sources of support, you may want to explore The Tragedy Assistance Program for Survivors (www.taps.org). Resources like these convey that you and your child are not alone at a time when it seems few truly understand what you are going through.

RESOURCES FOR DEPLOYED MILITARY FAMILIES

GENERAL RESOURCES

- **www.homebaseprogram.org** The Home Base Program is a partnership between the Red Sox Foundation and the Massachusetts General Hospital established to serve the needs of OEF and OIF veterans and their families. The website describes resources and services for parents and children.
- **www.mcpap.org** MCPAP, the Massachusetts Child Psychiatry Access Project has a number of resources for parents who have questions about child behavioral and mental health. Click on the "Families" tab for information and resources on a wide range of issues in child development and behavioral health.
- **www.mghpact.org** This is the website for the Marjorie E. Korff Parenting At A Challenging Time (PACT) Program at the Massachusetts General Hospital. It has a lengthy section "Resources for Military and Veteran Families" that directs you to helpful information in books, on websites, and on video.

DEPLOYMENT CYCLE CHALLENGES

Coping with Change, Preparing for Deployment, & Homecoming Family Reunion
Sesame Street Workshop Videos on each of the 3 topics above targeted to children ages 3-10 and their parent(s). (available online www.sesameworkshop.org/initiatives/emotion/tlc)

Veteran Parenting Toolkit: Together Building Strong Families by M. Sherman, U. Bowling, J. Anderson, J. & K. Wyche.
Five age-based parenting toolkits for Operation Enduring Freedom and Operation Iraqi Freedom veterans and their partners. For each of the five age groups (Infants, Toddlers, Pre-Schoolers, Elementary-aged, and Teenagers), the toolkit contains helpful information and guidance for military families about the following topics: Interesting facts, Development, Talking to your child about deployment, Reconnecting with your child after deployment, Strengthening your relationship with your child, Managing common behavioral challenges, Red flags for concern, Taking care of yourself as a parent, Re-connecting with your partner after deployment & communication tips for couples, and a Resource guide. www.ouhsc.edu/VetParenting

The New Emotional Cycle of Deployment by J. Morse published in 2006 by the U.S. Department of Defense: Deployment Health and Family Readiness Library. www.hooah4health.com

This guide for partners of the deploying service member updates the previous 5-stage emotional cycle of deployment in response to the decreasing length of dwell time between deployments. The new model describes the emotional challenges of 7 stages:

- Stage 1. Anticipation of Departure, e.g., "Stage 1 may begin again before a couple or family has even had time to renegotiate a shared vision of who they are after the changes from the last deployment."
- Stage 2. Detachment and Withdrawal, e.g., "Sadness and anger occur as couples attempt to protect themselves from the hurt of separation."
- Stage 3. Emotional Disorganization, e.g., "…(s)he may also be experiencing "burn-out" fatigue from the last deployment, and feel overwhelmed at starting this stage again."
- Stage 4. Recovery and Stabilization, e.g., "Here, spouses realize they are fundamentally resilient and able to cope with the deployment."
- Stage 5. Anticipation of Return, e.g., "This is generally a happy and hectic time…"
- Stage 6. Return Adjustment and Renegotiation, "e.g., Couples and families must reset their expectations and renegotiate their roles during this stage."
- Stage 7. Reintegration and Stabilization, e.g., "This stage can take up to 6 months…"

BIGGER CHALLENGES

PTSD

When a Child's Parent Has PTSD www.ptsd.va.gov/public/pages/children-of-vets-adults-ptsd.asp
A three-page fact sheet from the National Center for PTSD that is organized around 4 questions, "How might a parent's PTSD symptoms affect his or her children? "How do children respond?" "Can children get PTSD from their parents?" and "How can I help?"

Courage After Fire: Coping Strategies for Troops Returning from Iraq and Afghanistan and Their Families by K. Armstrong, S. Best & P. Domenici, published in 2006 by Ulysses Press, Berkeley, CA., pp. 239, $14.95.
This book is written by 3 mental health professionals with years of experience working with soldiers and their families. It discusses the possible effects of combat duty, including posttraumatic stress symptoms, anxiety, depression, and substance abuse. It addresses the issues of treatments, couple and family relationships, returning to the workforce, and re-establishing relationships with children.

TRAUMATIC BRAIN INJURY (TBI)

Understanding the Impact of TBI on Military Families and Children

Parenting resource from the Center for the Study of Traumatic Stress (CSTS). It is organized into 2 parts. The first describes the impact of TBI on children such as "Increased acting out behaviors, such as disobedience, tantrums, or risk-taking behavior." The second outlines a 7-point action plan to help children understand the parent's injury, for example, "Share information with children about the injury in a way they can comprehend it." www.centerforthestudyoftraumaticstress.org

BrainLine

A national multimedia project offering information and resources about preventing, treatment, and living with traumatic brain injury funded by the Defense and Veterans Brain Injury Center. Among the topics relevant to military families are Family Concerns, Military and Veterans, PTSD and Minimal Traumatic Brain Injury: Teasing Out the Difference for Treatment, Blast Injuries: Traumatic Brain Injuries from Explosion. www.brainline.org

Defense and Veterans Brain Injury Center

Click on the "Families and Friends" tab for a wide range of useful resources, including a fact sheet that defines TBI, its causes in the military, and its common physical, cognitive, and emotional symptoms. www.dvbic.org

BULLYING

Stop Bullying

StopBullying.gov provides information from various government agencies on how kids, teens, young adults, parents, educators and others in the community can prevent or stop bullying. The website addresses three main topics for each age group, (e.g., kids, teens, young adults: "What is Bullying," "Recognize the Warning Signs," and "How Do I Get Help") in language and with examples that are tailored to each developmental stage. Parents and educators will find helpful, comprehensive recommendations on issues such as how to establish a bullying prevention program in a school.

VIOLENCE

Children & Domestic Violence

This document was written by the Family Violence Law Center, a program of Alameda County, CA. It explains 5 categories of effects of family violence on children: Emotional (e.g., become depressed), Perceptual (e.g., blame others for their own behavior), Behavioral (e.g. wet the bed or have nightmares), Social (e.g., be passive with peers or bully peers), and Physical (e.g., complain of headache or stomachache). www.fvlc.org

Fact Sheet on Child Discipline

A clear, non-judgmental presentation of what discipline is, the uses of physical disciplines and its effects on children, positive discipline, and the parent as a role model.
www.americanhumane.org/about-us/newsroom/fact-sheets/child-discipline.html

SUBSTANCE ABUSE

Talk Kit for Parents of Military Families

This resource was developed by the Partnership for a Drug-Free American (PDFA) and the National Association of School Nurses. Speaking to military parents of tweens and teens, it provides ideas on how to start the conversation about drugs and alcohol, conversation scripts, and tips for answering the tough question, "Did you do drugs?" www.timetotalk.org/military/

PHYSICAL INJURY AND DISABILITY

Communicating with Children about Parental Injury

Tips for Talking with Children about Parental Injury

From the Center for the Study of Traumatic Stress's "Resources for Recovery" series, these two guides provide concrete suggestions about when to tell children about a parent's military injury, finding the right time to talk with children, preparing your children for the hospital visit, and helping your children communicate with others about the injury.
(both at www.centerforthestudyoftraumaticstress.org Click on the "For Families" tab)

DEATH

When Families Grieve and Elmo & Jessie—The Memory Box

Two videos for parents of children ages 3-10 addressing a parent's death during wartime.
www.sesameworkshop.org

Facts for Families (No. 8): Children and Grief

American Academy of Child and Adolescent Psychiatry's brief overview of children's reactions to the death of a family member, some ways family members can support a child through grief and mourning, as well as descriptions of reactions that may suggest the need for consultation with a professional such as your child's pediatrician. www.aacap.org

The Child's Loss: Death, Grief, and Mourning by Bruce Perry, M.D., Ph.D. and Jane Rubenstein, M.Ed., LPC

These guidelines are for parents dealing with the traumatic death of a family member. It addresses questions such as: Should I talk about the traumatic event? How should I talk about the event?
http://teacher.scholastic.com/professional/bruceperry/child_loss.html

DEALING WITH YOUR DAD'S OR MOM'S DEPLOYMENT

1. **Be Part of Family Decisions.** Discuss what concerns you with your family. Ask questions about what's on your mind, such as: What will you be doing? How long will you be away? How will you be safe? Talk over the best ways to communicate with your mom or dad. Will it be on skype? By email? By phone? How often can you expect to receive a call? Share your ideas about how to take care of the added responsibilities around the house when your mom or dad is deployed.

2. **Create Shared Memories.** Create special family time in preparation for the deployment. Taking photographs, making videos, and creating shared memories helps everyone cope better with a parent's deployment.

3. **Develop a Plan for Questions You Have.** Ask only when you're ready to discuss a topic. It's okay to say you don't feel comfortable talking about something even if an adult like a teacher is asking you to. Some things may not make sense. It's okay to say, "I don't understand," and to ask more questions until things make more sense, and it's okay to ask others if something troubles you.

4. **Keep A Personal Deployment Record.** You'll want your mom or dad to know about the important events that happened when he or she was gone. Keeping a journal or a photographic record are both good ways to be able to fill your parent in. Tossing items like a school report, game tickets, and sports recognitions you earn into a box while your parent is away is another way to do this. Some kids write important things to share on a calendar. It's a chronological record and also counts down the days until your dad/mom returns. You probably have a few good ideas of your own. Even more than you want to tell him/her, your dad/mom will want to know about everything that happened in your life at home while he/she was deployed.

5. **Don't Worry Alone.** If you overhear something upsetting or a specific piece of news about the war, ask your mom or dad or another adult you trust about it. News learned by accident is often confusing and inaccurate, so direct communication may help clarify what's really going on.

6. **Maintain Healthy Routines.** Try to maintain your usual schedule. This includes school, hanging out with friends, homework, extracurricular activities, and household responsibilities. Keep good friends in your life. With your parents' help, decide who you can go to if you're ever having a hard time and your dad or mom isn't available.

7. Let Other Adults Care for You. Parents need to be mindful of their own well-being and do things healthy for them. This doesn't mean they are forgetting about you or neglecting what's important. Tell your parents what you need, but also realize they may need time to recharge. Rely on your support network of family members, friends, ministers, friends, and others who can help.

8. Be Proud of Yourself. You will accomplish a lot and mature a lot while your parent is deployed. You will have gone through a lot of difficult feelings and accepted more responsibility. When he or she returns, it might take some time for him or her to realize how much you've grown up and "catch up" to where you are now. This can lead to conflicts or arguments. This is a normal part of everyone getting re-acquainted. It is important to talk about the moments when you feel misunderstood and why you do rather than getting upset, withdrawing, and not communicating. You worked hard to get through your parent's deployment. If you use the maturity you've gained while he or she was away to talk through any bumps in the road once you are all together again, you'll have even more reason to feel proud of yourself and will make your parent proud, too.

HOW TO DEAL WITH TOUGH QUESTIONS AND COMMENTS

Many children and teenagers who have a parent or other family member serving in our Armed Forces describe their classmates and teachers as not understanding what it is like to live through a military deployment. Classmates and teachers, unaware that you are a member of a military family, can unintentionally make comments that make you feel angry, hurt, or disconnected from your school community. Here are some tips to handle this challenge either before or when upsetting things are said.

Tell your teacher, or ask an adult you trust--a guidance counselor or the school nurse--to tell your teacher about the member of your family who is serving or has recently served our country. If you decide you want to speak to your teacher yourself, you can do that by saying something during a classroom discussion, or choose to let the teacher know at a quiet private time. You could begin that conversation by saying something like,

"My mother/father/brother/sister is serving in ____, (or soon to be deployed/returned from ____). I am really proud of him/her, but it is also hard. It is especially hard when people say insensitive things about the war or don't get the sacrifices we make as a family every day."

Some assignments or class discussions might upset you because you are a member of a military family while your classmates are not. Share your reactions during class if it feels safe to do so. Remember, you can be an important representative and spokesperson, making your classmates aware of points of view that expand their understanding of the pride in serving our country. You may need some time to think and talk with a trusted adult about what upset you before raising your concern with your teacher. It's okay to plan out what you want to say, and how you want to say it. Be especially sure to let a trusted adult know about hurtful or disrespectful comments made on the playground, after school, on the bus, or between classes. Handling such situations early on is always the best approach.

If someone says, "Americans are dying in Afghanistan for no purpose. It is a stupid/pointless war." You can say,

My (dad/brother/mother/sister) taught me that people who have not been there, don't have a clue. It is important work and it takes brains and courage to do it.

If someone says, "Aren't you scared he/she is going to get blown up?" You can say,

I do worry, but my (dad/brother/mother/sister) is the best there is at his/her job. He/she is trained to stay safe and keep everyone in the unit safe.

If someone says, "Why would your (dad/brother/mother/sister) join the military?" You can say,

He/she loves our family and our country enough to take risks to keep us safe and free.

If someone says, "Has your (dad/brother/mother/sister) killed anyone?" You can say,

Killing during war isn't like TV or a movie. There is nothing fun about it. My (dad/brother/mother/sister) does his/her job to protect civilians and to protect our freedoms. We don't talk about killing.

Ways You Can Help

- Consider making a gift of time and/ or money to an organization supporting veterans
- Show your support for returning service members and their families by attending a welcome home event. Contact USO--New England for volunteer opportunities at 617-720-4949 or www.uso-newengland.org
- Organize your family, friends and/or work colleagues to make care packages or write cards to those serving or wounded warriors. For more ideas and information contact Operation Troop Support at 1-978-774-5983 or www.operationtroopsupportusa.com
- Want to help families and children of fallen service members? Contact the Massachusetts Military Heroes Fund at 1-888-909-HERO (4376) www.massmilitaryheroes.org or the Massachusetts Soldiers Legacy Fund at 1-866-856-5533 or www.mslfund.org

Want to find out more about Veteran and Family needs in your community?

- Contact your local Veteran Service Officer (VSO). Each town in MA has one. To learn more, please visit: www.mvsoa.us/list/vso.html

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