

Principles of Caring for Combat Injured Families and their Children

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

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

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

As a result of parental combat injury, many family members may demonstrate initial distress that is likely to be temporary. Most

children will remain healthy in the face of this stress, but some children may sustain life-changing trajectories in their emotional development and/or their interpersonal relationships. The simultaneous use and study of the following principles of care for our combat injured families will foster evidence based approaches that can support their healthy growth and recovery. These principles can be used by hospital and community based professionals in military or civilian settings.

Principles of Caring

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

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Workgroup on Intervention with Combat Injured Families

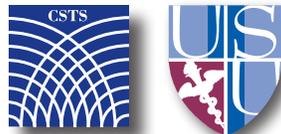
Center for the Study of Traumatic Stress, Department of Psychiatry, Uniformed Services University of the Health Sciences

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

- **Effective Injured Family care requires an *interconnected community of care*.** Effective intervention requires collaboration and coordination of services between the family, the health care system, and military and civilian community resources. This collaboration fosters a community of care that reaches across traditional professional boundaries throughout rehabilitation and recovery.
- **Care must be *culturally competent*.** Healthcare and community professionals who interact with combat injured families need to possess the cultural and language competence to engage families that may be traditional or nontraditional in their composition and may be of broad ethnic and religious backgrounds. It is essential that all healthcare and community service providers understand and respect the unique experiences and traditions of military families.

- **Communities of care should address any *barriers to service*.** Barriers to intervention can complicate the healthy recovery of combat injured service and family members. These barriers may include a family's difficulty in accessing health care or community services. In addition, a community's lack of awareness or misunderstanding of the needs of a combat injured family or a family's reluctance to seek assistance (due to stigmatization) can also limit family intervention and recovery
- **Families, communities and service providers must be *knowledgeable*.** Individuals, families, professionals, organizations and communities all have a need for access to quality educational materials to address the challenges that confront combat injured families. Effective education leads to the development of skills in all parties, building empowerment in communities and families. Development of new knowledge is fundamental to better meeting the needs of this unique population.

PLACE LOCAL CONTACT INFORMATION HERE



Center for the Study of Traumatic Stress
Department of Psychiatry
Uniformed Services University of the Health Sciences
4301 Jones Bridge Road
Bethesda, MD 20814-4799
Tel: 301-295-2470 | Fax: 301-319-6965
www.usuhs.mil/csts | www.centerforthestudyoftraumaticstress.org