Staying Strong
Coping with Deployment

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This is the second of a three-part series from Health Net, Inc. regarding deployment, its effects on children, and some of the steps that parents can take to ease its impact. The series covers possible behaviors and suggests responses during the times of pre-deployment, active duty, and the parent’s return home.

Seeing his clothes in the closet, setting the table for two instead of three, waking up alone—the day after deployment, families are left to deal with their feelings of grief and fear as they attempt to establish a “new normal.” During this time of transition, children—especially those with special needs—require extra support.

Take 8-year-old Neil (whose name has been changes for privacy reasons), for example, who has attention deficit hyperactivity disorder (ADHD). After his father was deployed to Iraq for a second time, Neil’s behavior changed. He became increasingly hyperactive, got in trouble regularly in school, did poorly in his classes, and battled with his mother over bedtime. Concerned and overwhelmed, Neil’s mother took him to see Holly, a social worker.

During therapy, Neil mentioned that his Dad was lucky to return home after the first deployment but might not be so lucky twice. Realizing that Neil was suffering from anxiety, Holly devised several ways that Neil’s mother and teacher could help him cope. They put Holly’s ideas into place. For example, Neil’s teacher divided his schoolwork into smaller, more manageable steps. To shift the focus away from Neil’s negative behavior, his mother and other military families pooled their money to buy school supplies and other gifts for Iraqi children and their families. And, to strengthen the bond between father and son, Neil and his mother drew pictures for their Soldier and his whole military unit. Holly also helped Neil’s mother find support from various resources, such as Army Community Services (ACS) and Military OneSource, to prevent burnout.

General Guidelines for Unique Children

Although reactions, needs, and level of understanding about deployment vary by child, consider the following general guidelines for children with special needs:

- Symptoms or reactions may increase in intensity or be a sign of a separate condition. In Neil’s case, his hyperactivity was exacerbated by anxiety.
- Prolonged changes in appetite, grooming, hygiene, sleeping patterns and mood may indicate that the child needs help coping with the absence. If these problems persist longer than three to six weeks for kids under 10 and four to six weeks for older children, consult the child’s behavioral health care provider.
• Extra support may be needed with schoolwork, which can be addressed in an Individualized Education Program (IEP). For example, consider asking the teacher for extra tutoring, additional time to complete assignments or modified assignments.

• Consider the child’s age and developmental level when responding to a question about deployment. Specifically, answer the question that is being asked; if your child wants more information, he or she will ask for it. Reassure your child that the deployed parent is trained to do the job and is taking great measures to ensure safety.

And remember to take care of yourself, so that you are better able to take care of your child with special needs. Build a support network (and use it!), try not to overextend; exercise; and hire a babysitter once in a while.

**Tips for Specific Conditions**

*Autism*

If your child has autism, you may notice increased difficulty with social interaction. For example, younger children may throw more tantrums than usual or be more resistant to leaving the at-home parent. The child may regress in language or have repetitive behavior such as counting (typically seen in kids age 10 and older) or rocking (seen in younger children).

You can help your child cope with the parent’s deployment by maintaining routines. Also, since children with autism respond better to creative outlets when it comes to expressing themselves, you can encourage your child to engage in activities such as singing and dancing.

*Mental Retardation*

During a parent’s absence, a child with mental retardation may throw more tantrums and regress in reading, writing, and completing tasks that previously were done with no trouble. Since your child may have a limited understanding of deployment, let your child know that the other parent is doing an important job away from home and is doing his or her best to be safe. Reassure your child that the deployed parent loves him or her. To reinforce the bond with the deployed parent, you can draw pictures or write letters with your child and mail them together.

*Physical Disabilities*

During a parent’s deployment, a child who has physical disabilities may complain of physical discomfort, such as abdomen, muscle, or joint pain. The child may also experience low self-esteem, a loss of interest in hobbies and friends, and changes in sleep and appetite.
To assist your child with self-esteem, give praise when appropriate and spend time together, one-on-one. If your child is having trouble sleeping, keep the same bedtime, but begin a calming activity 60 to 90 minutes before bedtime, such as coloring or reading. If your child has lost interest in a hobby, try doing the activity together or helping the child find a new hobby.

**Attention Deficit Hyperactivity Disorder**

During deployment, children diagnosed with ADHD may grow increasingly hyperactive, impulsive, and aggressive. If symptoms worsen, talk to the child’s behavioral health care provider. He or she may recommend therapy or reassess the need to initiate medication, change the dosage or switch medication. Also, for children with ADHD, a physical outlet, such as hiking or swimming, can work wonders to reduce stress and anxiety.

**As They Grow**

As you’ve probably observed, the ways in which children react to life challenges change as they mature. The following tips are categorized in terms of age, but keep your child’s developmental age in mind as you consider them.

**Preschoolers**

During the absence of a deployed parent, a preschooler may have the following reactions: confusion, clinginess, aggression, attention-getting behavior, regression (e.g., bedwetting or asking for a bottle), acting out scary events, difficulty sleeping or uncontrollable crying. These behaviors are manifestations of insecurity, and the child needs to be made to feel safe and taken care of. As much as possible, try to maintain the same routine the child had before the parent deployed.

**Elementary School Children**

Rapid mood swings, anger directed at both parents, poor concentration and withdrawing from friends and family are all common reactions to a parent’s deployment at this age. Similar to younger children, kids of elementary school age need routine and reassurance that the remaining parent will care for them. They may also benefit from having a trusted adult around (aside from the at-home parent) who can answer their many questions and concerns. Also, providing small, structured tasks that children can be successful at (such as taking out the trash or helping with the dishes) can help them feel good about themselves and their ability to cope during this time.

**Teens**

Teens who are coping with a parent’s absence may experience sadness, anxiety or significant changes in weight. They may also misdirect their anger (such as lashing out at the at-home parent), engage in high-risk behaviors, withdraw from friends and family, or struggle in their classes.
When a parent deploys, let your teen spend time with friends and also give your teen plenty of individual attention. It can be helpful to encourage conversations around deployment, as well (e.g., “I know this is a tough time for you, and I’m here for you.”). If your teen is reluctant to share his or her feelings, suggest the teen write down personal thoughts and feelings in a journal. And if you’re concerned about your teen’s behavior, let your teen know that you understand his or her feelings, but he or she needs to find another way to cope—and you’re available to help. For instance, if your teen’s grades are plummeting, you can talk to a teacher or school counselor together.

**When to Ask for More Help**

If you have any concerns, or if any of the common reactions above continue after three to four weeks for children under age 10, or four to six weeks for older kids, consult the child’s behavioral health care provider. If you notice any of the following signs, get help right away:

- Unfocused agitation
- Serious depression/withdrawal
- Auditory or visual hallucinations
- Being at risk for hurting others or intentionally hurting oneself
- Increased suspiciousness and behaviors based on those suspicions

Deployment is a challenging time for exceptional families. That being said, a child may become more independent, confident, and resilient during the absence. A child’s relationship with both the deployed parent and the at-home parent can grow stronger as well. But during this transitional time, it’s perfectly okay to ask for help—just like Neil’s mother did.

**Online Resources for Caregivers**

- The MilitaryHOMEFRONT Web site (www.militaryhomefront.dod.mil) provides a variety of free services, such as information and referrals regarding special needs and deployment to assist service members and their families (http://www.militaryinstallations.dod.mil/ismart/MHF-MI/. Click on “Exceptional Family Member Program/Special Needs” under “Program or Service”.)

- The MilitaryHOMEFRONT’s EFMP/Special Needs module can help military families find medical and special education services, community support, and more (www.militaryhomefront.dod.mil/efm).

- The Specialized Training of Military Parents (STOMP) Web site (www.stomp-project.org) offers support and advice to military parents who have children with special needs, plus an electronic listserv so that parents and professionals can connect as they raise and help children with special needs.)