STRATEGIES FOR SUPPORTING MILITARY FAMILIES & CHILDREN

This synopsis of resources and strategies for supporting military families and children in deployment and war has been developed by Division 19 of the American Psychological Association from a range of partners. Additional information and resources are being gathered and will be provided promptly.

Most evidence-based programs supporting individuals experiencing a period of heightened trauma and challenge include two primary components: 1, promoting resilience and 2, mitigating risk. The following strategies are intended to support military families and children exposed to heightened conflict.

Promote Resilience

Every individual has their own strengths in coping. Bear in mind that what worked before will likely work best now. Help your clients identify which sources of coping work best for them, which may include:

Belief – accessing belief systems and values to identify internal strength and understanding.

Affect – sharing feelings and emotions safely.

Social – connecting with friends, family, community supports, and religious groups. Of note, family units that continue to offer warmth and age-appropriate rules and expectations tend to fare better, even in times of high conflict.

Imagination – tapping into creativity through writing, drawing, singing or playing a musical instrument, storytelling, and imaginative play (in children).

Cognitive – engaging problem-solving to take care of tangible concerns and make plans.

Physiological – pursuing physical activity through sports, games, and exercise.

Physical – supporting efforts to secure resources such as housing, food, and clothing.

Mitigate Risk

The following strategies represent an integration of the Four R's of Trauma-Informed Care and Psychological First Aid:

Realize the impact of trauma and that there are many pathways for recovery. Consider offering brief education on trauma and expected natural recovery.

Recognize signs and symptoms of trauma. Educate parents on common signs in children (see below). Educate on ways to reduce physiological arousal through rest/sleep, and normalization of routines (eat/sleep/work cycles).

Respond using strategies based on the individual's strengths in coping (see above). For example, facilitate communication with social connections and locating loved ones. Encourage military families to make plans for contingencies. Listen supportively about affective experiences and assist in decreasing arousal.

Resist re-traumatization by unnecessarily exposing an individual to additional traumatic information. Where possible, decrease exposure to reminders of the traumatic event, which may include limiting news exposure to small amounts per day.

Supporting Youth:
Possible Symptoms of Trauma & Age-Specific Interventions

There are some additional considerations to take into account when recognizing trauma in children/teens and knowing how to intervene. Children and teens tend to be less skilled in using language to express themselves, and as such, are more likely to show changes in behavior to show their internal struggles.

Age Range	Possible Symptoms	Age-Specific Intervention
Birth to 6 Years	-Increased clinging, or parental avoidance -Increased crying or irritability -Regression to "younger" behaviors (bed-wetting, thumb-sucking)	-Use creative outlets (play, painting, drawing) -Use storytelling and pictures to help communicate
6 to 12 Years	-Sleep disruption and nightmares -May "play out" their experiences in physical or dramatic play -Increased disruptive behavior or irritability	-Ask open-ended questions -Direct need to help to simple, concrete tasks -Help name/label reactions and feelings

	-Increased worry and somatic complaints	
13+ Years	-Sleep disruption and nightmares -Withdrawn or disinterested behavior -Emotional swings -Somatic complaints -Thrill seeking behavior	-Ask open-ended questions -Continue to have limits and boundaries, but give control and choice where possible -Elicit teenagers' help with tasks supporting the family

For all ages: Provide brief, honest answers to their questions that avoid euphemisms for death (i.e. "the long sleep," "passed away"). Avoid unhelpful recommendations to "get over" the situation (i.e. "you need to move on" or "just don't think about it"). Finally, offer high-level expectations for the near future (i.e. "we will work together on ___ right now"), but avoid making specific promises about the future (i.e. describing what will happen or who will be available to help).