



War-torn hearts

The effects of stress on children with a deployed parent may elude civilian pediatricians

by **Deborah Johnson** *Correspondent*

The mother was at wit's end when she sought counsel from Beth Ellen Davis, M.D., M.P.H., FAAP, a developmental pediatrician at Madigan Army Medical Center in Fort Lewis, Wash.

In just three months' time, her preschooler had been kicked out of child care twice for aggressive behavior and was on the verge of a third expulsion.

The misbehaving boy desperately missed his dad, who recently had been deployed in the War on Terrorism. The mom had to work outside the home to make ends meet. What would she do if her son got kicked out of child care again?

Such crises are not unusual in families when one of the parents is deployed with the military, said Dr. Davis, a U.S. Army colonel and chair of the AAP Section on Uniformed Services.

These taxed families need support from physicians, counselors and others in the community while their loved ones are in harms way. But while military pediatricians are well-versed in the stress deployment places on families, civilian physicians may not be.

This is a concern given that almost 40% of deployed soldiers in Iraq and Afghanistan are Reserve or Guard troops, according to the Congressional Research Service.

Unlike active-duty families, Reserves and Guards live in their home communities. Their children go to regular schools and see civilian pediatricians. Their families do not have the built-in support system that comes with living at a military installation.

"Civilian pediatricians may be caring for military families without even knowing it," Dr. Davis said.

Recently, the Section on Uniformed Serv-



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ices has focused on the need for all pediatricians—civilian as well as military—to screen for deployment-related stress and make referrals when necessary.

Varied effects, some age-based

Effects of deployment on children vary and depend on age, according to Elisabeth M. Stafford, M.D., FAAP, an army colonel who trains military pediatric residents in San Antonio, Texas.



Dr. Stafford

For instance, Dr. Stafford said, young children who can't put feelings into words may regress in behavior. A toilet-trained child may wet the bed, use baby

talk or climb into a caregiver's lap to "reassure himself that someone is still there," she said. A preschooler may engage in disruptive behavior such as biting or hair-pulling or have difficulty separating from mom at child care.

School-age children may suffer from anxiety, perform poorly in school, engage in disruptive behavior or voice physical complaints. Teens, meanwhile, may experience these same problems and isolate themselves from friends. Drug or alcohol use and promiscuity may be concerns.

Identify affected children

Pediatricians can help children cope with the stress of military deployment first by identifying who in their practice might be affected.

The deployment of Reserve or Guard troops affects families everywhere, not just those near military towns, said Dr. Stafford.

Physicians should keep abreast of the dynamics in the communities they serve. A newspaper article about the deployment of Guard troops, for example, should cause a pediatrician to think, "I wonder if this affects any of my families?"

Taking that first step is key, agreed Molinda Chartrand, M.D., an Air Force major with a fellowship at Boston Medical Center. The next step is asking the affected kids about school, activities, friends and whether their roles at home have changed with the deployment. Are they being asked to take care



Dr. Chartrand

of siblings, cook or clean?

Most children, said Dr. Chartrand, do just fine after a deployment, but to help those in need, pediatricians must know what resources are available.

Toward that end, the Section on Uniformed Services has created a Web page that links to three videos that may help children with their concerns (see resource box).

Deployment stress hits home

Keith Lemmon, M.D., FAAP, an Army major in the pediatrics department at Madigan Army Medical Center, is the Web page's designer and producer of the video geared toward teens. He said he first became aware of the need to provide more support for deployed families when he was sent to Afghanistan with the 82nd Airborne in 2002.



Dr. Lemmon

At the time, Dr. Lemmon and his wife had two children—a 6-month-old daughter and a 4-year-old son. Despite their best efforts to assuage their son's concerns, the couple still noticed behavioral changes in the boy as a result of the deployment.

"I'm a physician and my wife is a teacher, and our kid still had a difficult time with the separation," Dr. Lemmon said.

He figured that couples with less experience in child development might have even more trouble.

So while doing a fellowship at the San Antonio Military Pediatric Center, Dr. Lemmon studied the effects of deployment on adolescents. He then decided to create an emotionally engaging video aimed at reaching young people whose parents had been deployed.

On the video, teens recount personal stories of coping with the fear of their parent dying or getting hurt; frustration with having to assume more responsibility at home and having less time for



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friends and other activities; and lack of understanding from peers who don't have parents fighting in the war. The kids also talk about whether they watch the TV news and how negative coverage affects them.

The aim of the video, Dr. Lemmon said, is to decrease the stigma and isolation these kids may feel and "honor what they are going through. The 30-minute video is nar-

rated by a fellow teen who does most of the teaching.

"In order to reach kids, the message has to be delivered in a developmentally appropriate way," Dr. Lemmon said.

The Web page also offers links to a cartoon appropriate for children ages 6 to 11 as well as a Sesame Street video (done outside the military), which is aimed at preschoolers.

Dr. Davis noted that a child's ability to cope with stress depends on how well the remaining parent deals with the deployment. Young parents who haven't been married long or those who had mental health issues prior to the deployment tend to have the hardest time coping with the separation.

In the case of the misbehaving preschooler, Dr. Davis was able to find a child care center that was more sensitive to the needs of a child with a deployed father. She also created a paper chain to help the little boy understand the length of his dad's deployment. The family's situation, Dr. Davis said, has improved.

"Most military families do very well," Dr. Davis said. "They're resilient and courageous and pull together and do what they need to do."

Resource

Visit the AAP Section on Uniformed Services Web page, Screen Military Youth for Deployment Stress and Provide Resources, at www.aap.org/sections/unifserv/deployment/index.htm.