

# Chapter 33

## THE FAMILIES AND CHILDREN OF FALLEN MILITARY SERVICE MEMBERS

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## INTRODUCTION

As of October 2007, over 4,000 US service members had died in the line of duty in Iraq and Afghanistan. Forty-four percent of military service members are parents<sup>1</sup> and constitute a relatively young adult population. Families of service members killed in combat are likely to include children of varying ages, one third of whom are under the age of 5. Not infrequently, these young families may include wives who are pregnant at the time of death or newborns who have never met

their deceased parents. Deceased service members may have younger siblings, cousins, nieces, or nephews who, while not part of the nuclear military family, are other child mourners. Caring for the family after the loss of a service member requires sensitivity and consistency. This chapter will focus on the needs of the families of the fallen, with special emphasis on the needs of children and the programs in place to meet those needs.

## MILITARY RESPONSE TO THE DEATH OF A SERVICE MEMBER

Beginning in 1950, the Army has published an instruction guide to assist survivors of fallen soldiers.<sup>2</sup> *A Guide for the Survivors of Deceased Army Members* describes the notification process and services available to meet the needs of mourning families. Subjects range from discussing the role of the casualty assistance officer (CAO) to funeral and postfuneral procedures. Army Regulation 600-8-1, the *Army Casualty Program*,<sup>3</sup> describes in detail the responsibilities and services provided by the military to families of the deceased, explaining the casualty assistance program and the role and duties of the CAO.

Family notification of combat death has changed in the past century. During World War II, Army families were informed of a service member's death by a telegram from the Army Adjutant General. The telegram, which typically arrived weeks after the death, stated the known factual information about the death and offered a brief statement of regret. A letter offering the military's condolences and outlining survivors' benefits followed the telegram. By the end of the Korean War, the Army sought to improve this process by personalizing notification. Initial notification was still sent by telegram but was followed by the arrival of an Army officer who visited the family's home, verified the death, and provided additional details. The personal visit was meant to convey greater organizational appreciation and respect for the sacrifice of the deceased soldier and the loss to the family.<sup>4</sup>

A substantial change in the notification process occurred during the Vietnam War, when the next of kin was first contacted with the news of death by a "casualty notifier," an officer of equal or higher rank than the deceased. Personal notification was followed by a telegram of confirmation. Only equal ranking officers, senior officers, or noncommissioned officers made the death notification. To minimize the family's shock, death notifications occurred only between 6:00 AM and 10:00 PM. The Vietnam era's expanded casualty assistance program was similar to the current format

for notifications and standards.<sup>4</sup> Another significant change occurred in 1970, adding notification of secondary next of kin, identified by the next of kin, such as former spouses, grandparents, or friends. The CAO offered assistance to the family during this difficult time.

Since Vietnam, other changes in notification and family assistance have taken place. After the 1985 airplane crash in Gander, Newfoundland, that killed 248 soldiers and 8 crew members, the CAO's role was expanded to help the immediate family and to support the secondary next of kin in greater depth. These changes included regularly scheduled CAO family briefings, as well as government-funded travel to and from funerals and memorial services for certain family members.<sup>4</sup> Recently, a distinction has been made between the individual (or team) who notifies the family of the soldier's death and the CAO who provides ongoing support to the family. This distinction is recognized as important because of negative associations with the death notification. After the notification, the family is informed of the CAO's role, and the CAO calls on the family to offer assistance and support.<sup>4</sup>

Since 2003, death notification has changed as a result of surveys of Navy families and casualty assistance call officers (CACOs).<sup>5</sup> According to the CACO survey, 95% of the families of deceased Navy military members had a high level of satisfaction with the services they received. Respondents identified the need for more training to increase knowledge of the CACO's duties and responsibilities. The CACOs felt that they should remain engaged with the families for a longer period of time, as well as needing more knowledge about specific benefits. As a result, Navy training has been increased from 1 to 2 days, Web access has been expanded, and personnel services have increased to include operations for survivors available 24 hours a day, 7 days a week. The Navy responds to casualties through its casualty assistance calls program and the assigned program coordinator.

Recent changes to survivor benefits include allowing a surviving spouse and dependents to remain in Army base housing for a full year after the death of a soldier, compared to 6 months, which was the policy before the global war on terror, and an increase in the monetary survivor benefit to \$400,000 across the services. Another change requires all death reports to be reviewed by a field-grade or higher-ranking officer. This change was made to ensure the accuracy of the report's details and reduce the likelihood of later changes to the report that could lead to erroneous interpretations of the death.

Since 2006, the National Defense Authorization Act has mandated that all services collect data "regarding the incidence and quality of casualty assistance provided to survivors of military decedents, including surveys of such survivors and military and civilian members assigned casualty duties."<sup>6</sup> In response to the act, the Army's Families First Casualty Call Center created an outreach survey instrument that collects information from outbound calls and mailed questionnaires. The survey was designed to capture feedback and the next of kin's level of satisfaction during the casualty assistance process.

The Army's Casualty and Mortuary Affairs operation center (CMAOC) has been tasked with the collection and analysis of data received from completed surveys. The CMAOC began surveying next of kin in 2005 with 33 questions related to four primary areas: (1) notification, (2) CAO performance, (3) Casualty and Mortuary Affairs activities, and (4) postinterment activities. The survey results below were collected from the families of service members who died between March 2005 and March 2006 (approximately 1,000 identified contacts). The results indicate that families have largely been satisfied with the CMAOC process. A quality-assurance working group has identified key areas where CMAOC scored at least 90% satisfactory from the respondents:

- 97% stated that their CAO displayed/ex-

- pressed sufficient compassion for their loss;
- 93% stated that their CAO made their family a priority and was responsive to their needs;
- 93% stated that their CAO explained all funeral options and assisted with funeral arrangements;
- 92% stated that the CAO explained all authorized expenses for the funeral; and
- 91% responded that their CAO explained all qualified benefits and entitlements.

The working group also proposed the following procedural changes to address areas of need identified by the survey:

- Command should prioritize predeployment education of benefits, living wills, entitlements, and forms.
- An inventory process should be standardized before deployment, and summary courts-martial officers should determine whether the service member completed an inventory prior to deployment.
- Throughout the CAO assistance process, families should receive continuous updates about survivor benefits.
- CAOs should perform a final review of applicable benefits with the families before ending their assignments (formalized by a check list).
- CAOs should inform survivor families of services available through casualty assistance centers.
- A training module on personal-effect processing should be developed, and CAOs need to be trained in this area.

In addition to these existing tools, the Office of the Secretary of Defense developed a universal survey to assess satisfaction with the casualty assistance process that was disseminated to surviving primary next of kin across all services beginning in the first quarter of 2007.

## THE MILITARY CARE TEAM

The care team concept developed from the Spouses' Project at the Army War College, Carlisle Barracks, Pennsylvania.<sup>7</sup> The team typically consists of spouse volunteers from a previously formed family readiness group in the same battalion or company as the deceased service member. Care team training mirrors CAO training, although it has been formalized in different ways at some sites. For example, spouses at Fort Carson, Colorado, have developed and use a "smart book" training manual.<sup>8</sup> In many other places,

care team practices have been implemented with less formal procedural development.

The care team offers short-term respite and supportive care to families of the deceased and also helps the families of seriously wounded soldiers. The team is designed as temporary transitional assistance until the survivor's support structure is in place. Each care team consists of an on-site leader as well as other participants. The care team works with the casualty notification team if a surviving family member has

agreed to this arrangement. Care team members help activate preestablished plans to assist family members, coordinate more effective use of military and community resources, and develop additional personalized resources to assist surviving family members.

Care teams have been successful in personalizing the notification and early assistance support to casualty families. The teams have also reduced stress on spouses of volunteers, relying on team strength rather than overburdening individuals.

### GRIEF RESPONSES

#### Adult Grief Responses

Grief is a reaction people have to loss in their lives. Grief includes a range of responses that vary according to type of loss, its meaning to the individual, and each individual's particular circumstances and experiences. When people grieve, they are coming to terms with life-changing loss. Healthy grieving allows the individual to begin finding new ways of living while coping with the gaps created by the loss. The grief process has no time limit. The phases described in Table 33-1 provide a general timeline that a grieving adult may experience; however, it is not uncommon for individuals to move back and forth between phases or manifest responses from multiple phases simultaneously.

Everyone experiences the grief process physically, emotionally, psychologically, socially, and often spiritually. Physical reactions can include pain, dizziness, shortness of breath, and sleep disturbances (hypersomnia or insomnia). Grieving adults may experience a variety of emotional reactions, including shock, tearfulness, fear, anger, and envy. Adults may sometimes

have confusing or contradictory thoughts. They may feel guilty, expect the return of the deceased, or become troubled by disturbed memories or dreams. Socially, a grieving adult is likely to feel lonely or isolated and may find a need to redefine or reestablish relationships. Grieving adults may find spiritual or religious practice to be profoundly helpful and reassuring. Sometimes the death of a loved one can cause adults to question the basis of their religious faith.

Grief symptoms may include an overwhelming sense of loss with strong feelings of yearning or longing for the loved one. Survivors may feel a profound sense of emptiness and a sense that a part of them has died. Grieving survivors often speak of generalized pain or heaviness in their chest. They may feel depressed and hopeless about the future. Things that once were important may no longer seem to matter. Those who suffer traumatic loss may cry easily and lose interest in eating; they may experience stomach upset, headaches, and feelings of restlessness. A commonality among survivors is the desire to preserve the memory of their loved ones and the belief that their loved ones believed in and drew meaning in their military mission. Politi-

**TABLE 33-1**  
**ADULT GREIVING PROCESS TIMELINE**

Phase	I	II	III	IV
Description	Responses can result from the initial impact of notification and occur immediately after the notification	Responses comprise withdrawal and confusion	Responses consist of an adjustment to the death	Responses are characterized by reconstruction and reconciliation
Response	"Fight or flight"	Anger, fear, guilt, rage	Positive thoughts begin	Hope
Thought	Numb or disoriented	Ambiguity and uncertainty	Problem solving	Consolidation of problem solving
Direction	Searching for a lost object	Bargaining, detachment, depression	Searching for new objective	Reattachment
Search behavior	Reminiscing	Perplexed and scanning	Focus on exploration	Reality testing
Guidance needed	Accepting feelings	Task orientation and direction	Support and spiritual insights	Breakthrough and reinforced hope

cal, cultural, and economic states are crossed by these dual focuses.<sup>9</sup>

### **Children's Grief Responses**

Children experience a sudden and profound life change when they lose a parent in combat. In all cases, the death of a parent is premature to the age and health of that individual, as well as to the relationship with the child. Since 2001, thousands of children have lost military parents from combat operations in Iraq and Afghanistan. Military deaths have affected countless other children whose service member siblings, cousins, aunts, uncles, and other extended family members have died in the line of duty. These losses can be equally profound.

Similarly to adults, children mourn the deaths of loved ones. Family death affects children of all ages, from infants and toddlers to teenagers (see Exhibit 33-1). Children, like adults, feel a deep sense of loss or sadness when a loved one dies. Many people assume that because children do not understand death in the same way as adults, they have less of an emotional response, but this is not true. Children are likely to be powerfully affected by the deaths of loved ones but may be less able to express confusing thoughts and feelings in words. While many children may express feeling sad, cry, or become more withdrawn, others express their emotions by reverting to earlier childhood behaviors. Infants and toddlers are likely to experience the death through the emotional responses or change in availability of the important adults in their lives, and react to these changes. Very young children can demonstrate changes in sleeping or eating patterns, increasing tantrums, or overactive behavior. School-aged children may express emotional concerns through physical complaints such as stomachaches or headaches. Teenagers often wish to present themselves as independent and not in need of adult help. Their sullenness or seeming disconnectedness should not be mistaken for a lack of emotional response to a death. Behavioral changes in any grieving child are more likely to be an emotional response than a disciplinary problem.

Children who lose military family members during wartime are similar to other grieving children in many ways. However, certain unique aspects characterize military family loss. Service members may be deployed for long periods before a death, and children may have become adjusted to the physical absence of the deceased parent or family member, making it more difficult to accept the permanence of the loss. Because military deaths during wartime are viewed as public events, family privacy during grieving may be dimin-

ished. Family members and communities should assist in protecting children from disturbing media exposure or other unwanted intrusions on the grieving process. Bereaved families living on military installations will likely be surrounded by community support and attention. Typically this interest is wanted and appreciated by families, but limits may need to be set by families to ensure that the attention does not become burdensome. Reserve and National Guard families or those living outside of military communities may find their grief is less well understood by well-intentioned civilian families in their neighborhoods. Children who attend schools with few other military children may find themselves isolated in their experiences of loss. Finally, not all military deaths are the same—some children may lose loved ones to combat, but others lose parents as a result of accidents or other causes.

A child's response to parental death is related to the surviving parent's response to the death: "Children appear to be at risk for concurrent and later difficulties primarily in the extent they suffer a higher probability of inadequate parental functioning or other environmental support before as well as after the loss of a parent."<sup>10(p431)</sup> Bivariate and multivariate analyses show that the health of the surviving parent relates directly to how well a child will adjust<sup>11</sup>; however, even a "healthy" parental response does not guarantee a "healthy" child response. Even if a child appears to be transitioning well through the grieving process, it is helpful to notify other adults in the child's life of the death. Teachers, coaches, healthcare providers, and spiritual and religious leaders can often offer support to grieving children within the context of their daily interactions.

Children are extremely aware of the attitudes, behaviors, and emotions of the adults they see around them. Parents and caring adults should help children understand what they are likely to see as people mourn. Children can be reassured when they understand that expressions of emotions, including sorrow, are natural ways of showing how much people cared for the deceased and how much their loved one will be missed. Children will feel more confident when they see adults handling emotionally painful situations without losing control. Tears and sorrow are to be expected. However, adults should protect children from witnessing frightening or uncontrollable displays of emotion. If such a situation occurs, adults should talk to youngsters about what they witness so that the event is more understandable and less frightening.

Very little has been written about children experiencing the loss of a parent in a wartime environment; however, an overwhelming amount of literature explores the issues of grief in children experiencing

## EXHIBIT 33-1

### CHILDREN'S EMOTIONAL AND BEHAVIORAL RESPONSES TO DEATH

#### Infants and toddlers:

- crying
- searching for parents/caregivers
- clinging
- changing sleeping and eating habits
- regressing to earlier behavior (eg, bedwetting, thumb sucking)
- repeating play or talk

#### Preschoolers (age 3–5):

- fearing separation (eg, from parents/loved ones)
- clinging
- throwing tantrums, having irritable outbursts
- fighting
- crying
- withdrawing
- regressing to earlier behavior (eg, bedwetting, thumb sucking)
- sleeping difficulty (eg, nightmares, difficulty sleeping alone)
- increasing occurrence of usual fears (eg, the dark, monsters)
- magical thinking, believing the person will reappear
- acting and talking as if the person is not sick or is still alive

#### Younger school-age children (ages 6–9):

- reacting in anger, lying, bullying
- denying
- acting irritably
- blaming self
- fluctuating moods
- fearing separation, being alone, or experiencing recurring events
- withdrawing
- regressing to earlier behavior
- having physical complaints (eg, stomachaches, headaches)
- experiencing school problems (eg, avoidance, academic difficulty, difficulty concentrating)

#### Middle-school children (ages 9–12)

- crying
- longing for someone who has died
- acting aggressively, irritably, bullying
- experiencing resentment
- experiencing sadness, isolation, withdrawal
- having fears, anxiety, pain
- suppressing emotions, denial, avoidance
- blaming self, guilt
- sleeping disturbance
- worrying about physical health and having physical complaints
- declining academic success, discipline, attendance, memory
- thinking and talking repetitively
- expressing “hysterical” concerns and need to help

#### Early teens and adolescents (ages 13–18):

- experiencing resentment, loss of trust
- feeling guilt, shame
- experiencing depression, having suicidal thoughts
- distancing, withdrawal, panic
- swinging moods, irritability
- experiencing anxiety, panic, dissociation
- experiencing anger
- involving self
- exaggerating euphoria
- acting out (engaging in risky, antisocial, or illegal behavior)
- using substances
- fearing similar events, illness, death, the future
- changing appetite and sleep patterns
- experiencing physical complaints or changes
- declining academics, refusing to go to school

traumatic loss or death of a parent under other circumstances. The distinction is important to understanding how the death and loss of a loved one is further exacerbated by the subsequent social, educational, and financial changes that the military family experiences as isolation from a known life style and disruption of

daily routines.<sup>11</sup>

Typically, the family is young; a social change occurs from military family to civilian family; the family moves; and the financial benefits are limited. Family moves likely lead to changes in communities, schools, peer groups, and activities. Thus, the family's changes

can limit the children's support systems. Such transitions can be extremely challenging to both children and surviving parents. These transitions can, in some ways, become the most complicating elements of the death for children.

In a briefing for care team training, Chaplain James Ellison of Fort Carson asks the trainees to think about how many times they have experienced the death of an immediate family member and to reflect on the types of life-changing experiences that resulted. He then discusses how children who have experienced the death of a parent have a "life-changing experience" on three levels:

1. the loss of the parent,
2. the loss of the same relationship with the surviving parent, and
3. the loss of a sense of the family system.

### **Children and Military Funerals**

Military traditions and rituals follow the death of a service member from the arrival of the uniformed death notification team through graveside military honors. Family members can decide to what degree they will incorporate military tradition into their mourning process. Many children and families find military ceremonies comforting; others do not. The military funeral tradition is long, rich, and includes activities and rituals that may evoke a variety of reactions. Children may have varying levels of information about the nature of death, and the family funeral may be the child's first exposure to funeral ceremonies. Caskets, military uniforms, the firing of weapons, and the folding of flags can all spark curiosity, interest, and sometimes confusion and fear as well. Helping children prepare for and understand these events also helps them integrate the complex and emotionally charged experience of a military family funeral.

Although funerals are a time of family pain, they are also a time of family gathering. Contact with other family members and close friends before, during, and after the ceremony can be reassuring to children and demonstrate that sadness does not need to be borne alone. Children and family members may choose to express pride for the life of the deceased, reminisce about shared experiences, or say nothing at all. Children particularly value the power of storytelling. Stories evoking positive memories of the deceased can be especially helpful.

It is best to allow children to establish their own levels of comfort and involvement in funeral services. Gentle adult reassurance can be very helpful. However, it is inadvisable to force children to attend viewings

or funeral services when they demonstrate significant discomfort in these situations. If the family chooses an open casket viewing, children may or may not want to view the deceased. They should never feel compelled to approach or touch the body, nor should they be forbidden to come near the casket if they wish. When children choose to move closer, adults should monitor younger children, calmly comfort them if necessary, and answer any questions they might have. When properly prepared, most children will feel at ease participating in the funeral service.

Children should be allowed to behave like children. Their participation and activities during the funeral service may vary depending on age. Older children may appear uninterested or bored during the ceremony, but they may actually be trying to observe and integrate what they are experiencing. Some young children may appear to be uninvolved or run around and cause disruptions. Their activity may be the healthy expression of normal childhood behavior or a manifestation of their own anxiety. Disruptive, unruly, and disrespectful behaviors are likely to be signs that children are overwhelmed and would benefit by taking a quiet break away from activities. A funeral is typically not the appropriate time to discipline children.

### **Traumatic Grief**

Death within a family is always a painful experience. Like families of police officers and firefighters, military families are aware of the inherent risks of serving in harm's way. Nevertheless, military deaths are painful and typically sudden and unexpected.

Combat, combat-related, and training deaths, which are all forms of sudden traumatic death, are especially hard on military (families) widows. These deaths often cause significant damage to the body, often making it non-viewable or non-recoverable.<sup>12(p50)</sup>

Traumatic deaths are distinct from anticipated deaths, and their effect on spouses, families, children, and communities may be profound. The following are general characteristics of traumatic deaths:

- can occur without warning, providing no opportunity to anticipate, prepare, or say goodbye;
- can be untimely, including the death of one's child at any age;
- can occur as the consequence of violence and can result in violent harm to the body;
- can include more than one person; and
- can be the result of the willful misconduct of others, such as carelessness or negligence.

Many individuals experience the sudden traumatic loss of a loved one at some point in their lives. Such losses can be complicated for adults and children to integrate. Communities often share these traumatic losses and experiences.

Traumatic grief symptoms may occur following a sudden traumatic loss. In contrast to normal grief, traumatic grief symptoms may include feelings of horror and anxiety; other feelings may be emotional numbness and a sense of disconnection. Some people cannot remember significant parts of what happened; others are plagued by memories or a sensation that they are reexperiencing or reliving the event through painful flashbacks. Traumatic deaths often cause extreme distress that can interfere significantly with daily functions over an extended period of time.

Those suffering traumatic loss may develop symptoms of posttraumatic stress disorder (PTSD). PTSD is diagnosed when the following three symptom clusters are present: (1) reexperiencing of the traumatic event as indicated by painful, intrusive thoughts or avoidance indicated by marked efforts to stay away from activities, places, or things related to the loved one's death; (2) emotional numbing, as indicated by feeling detached from others; and (3) difficulty sleeping, irritability, difficulty concentrating, and a tendency to become startled easily and detached from others. Even if full criteria for a diagnosis of PTSD are not met, individuals can suffer from symptoms caused by the loss, such as self-blame and guilt. People may imagine ways they could have or should have prevented this loss from occurring or ways they could have rescued the person, and they may experience guilt about events that occurred prior to the death.

Traumatic losses often threaten the survivor's sense of personal safety, security, and ability to trust others. Accepting the reality of the sudden traumatic loss can take a significant amount of time. Survivors may know intellectually that their loved one is dead but may find themselves expecting the loved one to walk through the door or call on the telephone. Parting with a loved one's possessions can be difficult. It may be especially disturbing when a loved one's body is not recovered. Sudden traumatic losses often raise existential and spiritual issues, such as an inability to make sense of the loss or a feeling of betrayal by God.<sup>13</sup>

For some children, the extent of emotional response may be similarly extreme, or they may have difficulty grieving in a healthy fashion. Some bereaved military children may reexperience the death through nightmares, troubling memories, or repetitive play. They may avoid being reminded of the person who died or may continue to demonstrate profound sadness or inconsolable anxiety long after the death. In such

circumstances a child may demonstrate symptoms of traumatic grief, which requires professional evaluation and treatment. When adults are concerned that a child is struggling to adjust to the death, they should speak with the child's pediatrician and seek referral to a child and adolescent psychiatrist, psychologist, or other mental healthcare provider. Such conditions are treatable but could worsen if left untreated.

### Support Services and Organizations

Multiple community and healthcare services are available in military and civilian communities around the country to meet the needs of families that have lost a member during service. Several organizations now exist to provide support to military widows and widowers as well as military children who have lost parents. Gold Star Wives of America is an organization of military widows and widowers whose spouses have died while on active duty or from service-connected disabilities. This organization has been serving war widows and widowers from all conflicts and service-connected disabilities since its founding in 1945.

The Tragedy Assistance Program for Survivors (TAPS) also provides a support network for the surviving families of those who have died in service. TAPS sponsors an annual children's camp in Washington, DC, which provides

multiple group and individual activities to assist the children in expressing feelings that may not be appreciated by others who cannot relate to their experience. The camp has normal social and outdoors activities to promote peer support and in addition to group sessions that allow the children to do important processing and grieving . . . there is (also) a program enabling the surviving spouses to do similar therapeutic work with other spouses, while the children are engaged in their camp.<sup>13(p273)</sup>

Several other organizations have developed programs to assist military children with the trauma, grief, and loss from their parent's combat death, injury, or illness. More information about the National Military Family Association, Zero to Three's Coming Together Around Military Families program, and the Military Child Education Coalition's Living in the New Normal initiative, as well as other resources are provided in the attachment to this chapter.

Uncomplicated grief is often managed within families, communities, or groups of friends. Widowed spouses and children may find benefit in joining therapeutic or self-help groups that focus on grief. Typically, such groups include other grieving individuals and allow an opportunity for adults and children to interact



with others who have had similar experiences. Grief counselors, chaplains, mental health providers, or peer facilitators may lead these groups. For some adults and children, individual grief counseling sessions may be more comfortable. Again, counselors, chaplains, mental health providers, or other professionals may provide these services. Military OneSource is also an important resource for identifying community services for families.

When symptoms of traumatic grief, PTSD, or depression are present, or when health risk behaviors such as increased alcohol use develop, referral to competent mental health treatment is necessary. Psychiatrists, psychologists, social workers, and counselors provide mental healthcare in military medical treatment facilities, through local community mental health services, and by participating TRICARE civilian healthcare professionals. However, the recent Department of Defense Task Force on Mental Health has identified multiple barriers that can block access of bereaved military family members to appropriate care.<sup>14</sup> Widowed spouses and children should be en-

couraged to advocate for their own needs in finding resources. Primary care providers, chaplains, and community service professionals can all assist in this goal. Health and community professionals can also assist families who avoid mental healthcare because of the associated stigma.

Changes in cultural status of bereaved families can cause them to feel simultaneously disconnected from the military community and not yet comfortable in the civilian community into which they are transitioning. As stated in *Military Widow: A Survival Guide*, bereaved spouses may feel that

even though you remain a military dependent, your status within the military has changed. You are a dependent without a living spouse. You are no longer affiliated with a particular command or unit. . . . The unspoken lack of acceptance of, or comfort with, widows in the military infrastructure is a key aspect of what contributes to military grief complex.<sup>12(p108)</sup>

Such experiences can complicate the families' ability to connect with needed mental health services.

## SPECIAL CIRCUMSTANCES

### Death, Illness, or Injury of a Leader

Emotions run high in a unit when a leader is killed. Somehow no one expects the leader to be vulnerable. Because the leader's spouse is usually the one helping others, knowing how to help the spouse is often hard for the unit. Also, the leader's spouse may find accepting help from the unit difficult. When a leader dies, the unit has suddenly lost its direction for the active duty members as well as their family members, creating a significant change in everyone's life. Being aware of this effect can help the unit cope with the loss.

### Suicide

For surviving family members dealing with the aftermath of a suicide, the grieving process can be compounded by feelings of failure, shame, and guilt. Public scrutiny and military inquiry into the nature of the death can complicate a family's normal grieving. In such circumstances, families may be uncomfortable about using military or family traditions in honoring the dead. Because adults may be hesitant to share information with children (even information that is appropriate and could be helpful), children may be particularly vulnerable to problems integrating the death. Often children have an awareness of the nature of the death but are met with silence when they ask

questions. Being sensitive to the unique nature of the child's loss will better enable a caregiver to provide comfort and support.

### Missing in Action and Prisoners of War

Families of service members who are missing in action or prisoners of war are forced to deal with the uncertainty of the status of their loved one. The suffering that might have to be endured for an indefinite period of time exacerbates this highly emotional and painful ordeal. Providing ongoing emotional, spiritual, and logistical support to the families of these service members presents a unique challenge. It should be kept in mind that each family's needs and wants will reflect its particular situation; families should be encouraged to ask for the type and amount of assistance they prefer.

### Mass Casualties

Multiple injuries or deaths are certainly one of the most difficult situations a military unit might face. When multiple tragedies occur at the same time, the affected surviving families share a unique bond. After a few days or even weeks, they may be interested in getting connected with each other. Even when tragedies occur at the same time, no two families manage the events exactly the same.

## Death of a Spouse or Child

In many instances military units adopt the cohesive characteristics and nurturing tendencies of a family. When trauma occurs within a unit, the potential for impact on many or all members of the “unit family” can be far reaching, especially in the case of the death of an active duty service member’s spouse or child. The loss of a spouse or child in any circumstance is traumatic, but when it occurs within the close-knit atmosphere of a military unit, the effects can be compounded. But the same circumstances that make this loss so painful for a unit are the very sources for rallying support, providing comfort, and creating a healing environment for those left behind.

## Media

Americans are particularly proud and interested in

the lives of their servicemen and women. Today news coverage is instantaneous to audiences throughout the world. Whenever a service member is killed or injured, Americans want to know the “who, what, when, where, and why” of the incident, and the media is eager to report it. Embedded reporters may provide immediate coverage of the spouse’s deployed unit, and fatalities may become special reports on the evening news. With the presence of cellular and satellite phones, it is possible for the news of the death of a service member to bypass the normal channels of notification.

In the most stressful hours of coping with trauma in the unit, the media may approach family members for a formal interview, an informal comment, or a gut reaction. Mentoring the affected family members by encouraging them to use the public affairs office for any media interaction is beneficial. Contacting the command whenever the media approaches a unit’s family member is also advisable.

## SUMMARY

The families and children of service members who die in the line of duty face profound challenges. Most military families are by nature healthy and resilient, and most can be expected to transition through a period of grieving to a new state of health within the civilian communities to which they move. However, all grieving families can benefit from community resources. Professionals need to be mindful of the expected reactions of adults and children as they traverse healthy grieving. As this chapter highlights,

impediments to healthy resolution can occur when symptoms of traumatic grief, PTSD, depression, or health-risk behaviors develop. Professionals must also remember that children who lose a parent are at added risk for developing behavioral problems, in comparison to their nongrieving peers. Awareness of developmental differences in children of all ages can be instructive in understanding when children are adjusting well and when they could benefit from additional help.

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## ATTACHMENT: RESOURCES FOR FAMILIES OF DECEASED SERVICE MEMBERS

### Organizations and Programs

#### *The Arlington National Cemetery Commemorative Project*

In 2009, the Arlington National Cemetery Commemorative Project, in partnership with Rich Clarkson and Associates and the National Geographic Society, produced *For Children of Valor: Arlington National Cemetery*. This volume is a special commemorative gift book for children who since September 11, 2001, have lost close loved ones who were on active duty and are now buried at Arlington National Cemetery. *For Children of Valor* was written to help these children understand and process their grief. The book also includes a resource guide for parents.

#### *Military OneSource*

Military OneSource is a service provided by the Department of Defense at no cost to active duty, National Guard, and reserve service members and their families. Military OneSource is available by phone, online, and face-to-face through private counseling sessions in the local community. Its highly qualified consultants provide assistance with childcare, personal finances, emotional support during deployments, relocation information, and resources needed for special circumstances. Assistance includes personalized consultations on specific issues such as education, special needs, and finances, as well as customized research detailing community resources and appropriate military referrals. Available at: <http://www.militaryonesource.com>. Accessed August 19, 2009.

#### **TRICARE**

TRICARE is the healthcare program serving active duty service members, National Guard and reserve members, retirees, their families, and survivors worldwide. As a major component of the military healthcare system, TRICARE brings together the healthcare resources of the uniformed services and supplements them with networks of civilian healthcare professionals, institutions, pharmacies, and suppliers to provide access to high-quality healthcare services while maintaining the capability to support military operations. Available at: <http://www.tricare.mil>. Accessed August 19, 2009.

#### *Military Homefront*

Military life comes with unique challenges, from shopping at the commissary to moving to foreign lands. Having trusted information on how to deal with these challenges can make the difference between stress and success. Military Homefront provides accurate and up-to-date information about Department of Defense programs serving troops and their families. Available at: <http://www.militaryhomefront.dod.mil>. Accessed August 19, 2009.

#### *The Military Child Education Coalition's Living in the New Normal Initiative*

Sparked by concerns about military children dealing with illness, injury, or death of a parent, the Living in the New Normal (LINN): Helping Children Thrive in Good and Challenging Times initiative was developed by the Military Child Education Coalition (MCEC) through collaboration with experts in the fields of trauma and grief, resiliency, healthcare, and child development. LINN encourages families to ensure that their children have the tools to weather life's storms, fosters home-front efforts to support military children, and provides educators and other concerned adults with information to help them support children during times of uncertainty, trauma, and grief. LINN's efforts are predicated on the belief that children are courageous and resilient and that these skills can be strengthened through deliberate encouragement by the adults in their lives. Available at: <http://www.militarychild.org/linn.asp>. Accessed August 19, 2009.

### ***National Military Family Association***

The National Military Family Association is dedicated to providing information to and representing the interests of family members of the uniformed services. Its Web site provides extensive information for military families and support service staff. The association publishes a monthly newsletter as well as a weekly legislative e-mail newsletter, the *Government and You E-News*. Available at: <http://www.nmfa.org>. Accessed August 19, 2009.

### ***Zero to Three's Coming Together Around Military Families Initiative***

The nonprofit Zero to Three organization's Coming Together Around Military Families initiative increases awareness of the impact of trauma, grief, and loss on very young children through specialized training and support for the professionals who are supporting military families in and around military installations with high deployment rates. Of primary focus are the special circumstances of families that experience trauma and loss as a result of a service member's deployment. Available at: <http://www.zerotothree.org/military>. Accessed August 19, 2009.

### ***Tragedy Assistance Program for Survivors***

The Tragedy Assistance Program for Survivors (TAPS) was founded in the wake of a military tragedy in which surviving family members realized that the tragedy they shared, losing a loved one in the line of military duty, was far different from other types of losses. These families shared pride in their spouses' service to America as well as tremendous sadness at the ultimate sacrifice their loved ones made. TAPS has experienced, empathetic caseworkers who act as liaisons with federal, state, and private agencies in helping family members find solutions to problems. Available at: <http://www.taps.org>. Accessed August 19, 2009.

### ***Gold Star Wives of America***

Founded in 1945, Gold Star Wives of America Inc is an organization of military widows and widowers whose spouses died while on active duty or from service-connected disabilities. Gold Star Wives received a federal charter from Congress on December 4, 1980. Available at: <http://www.goldstarwives.org>. Accessed August 19, 2009.

### ***Uniformed Services University of the Health Sciences Center for the Study of Traumatic Stress***

The Center for the Study of Traumatic Stress conducts research, education, consultation, and training on preparing for and responding to the psychological effects and health consequences of traumatic events, including natural (hurricanes, floods, and tsunamis) and human-made disasters (motor vehicle and plane crashes, war, terrorism, and bioterrorism). The center's work spans studies of genetic vulnerability to stress, individual and community responses to terrorism, and policy recommendations to help the nation and its military and civilian populations. Available at: <http://www.centerforthestudyoftraumaticstress.org>. Accessed August 19, 2009.

### ***The National Child Traumatic Stress Network***

Established by Congress in 2000, the National Child Traumatic Stress Network is a unique collaboration of academic and community-based service centers whose mission is to raise the standard of care and increase access to services for traumatized children and their families across the United States. Combining knowledge of child development, expertise in the full range of child traumatic experiences, and attention to cultural perspectives, the network serves as a national resource for developing and disseminating evidence-based interventions, trauma-informed services, and public and professional education. Available at: <http://www.nctsn.org>. Accessed August 19, 2009.

### ***American Academy of Child and Adolescent Psychiatry***

Established in 1953, the American Academy of Child and Adolescent Psychiatry is the leading national professional medical association dedicated to treating and improving the quality of life for children, adolescents, and families affected by mental disorders. The academy is a membership-based organization composed of over 7,500 child and adolescent psychiatrists and other interested physicians. Its members actively research, evaluate, diagnose, and treat psychiatric disorders, giving direction and responding quickly to new developments in addressing the healthcare needs of children and their families. The academy widely distributes information in a effort to promote understanding of mental illnesses and remove the stigma associated with them, advance efforts in prevention of mental illnesses, and assure proper treatment and access to services for children and adolescents. Available at: <http://www.aacap.org>. Accessed August 19, 2009.

### ***American Academy of Pediatrics***

The American Academy of Pediatrics is an organization of 60,000 pediatricians committed to the attainment of optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults. Its uniformed services section was founded in 1959 with a mission to improve the health of infants, children, adolescents, and young adults served by medical providers in the US Army, Navy, Air Force, and public health agencies. The section provides unique educational forums to address the global issues of military pediatric providers. Available at: <http://www.aap.org>. Accessed August 19, 2009.

### **Suggested Literature and Resources Guide from the Military Child Education Coalition**

The MCEC recommends the use of these books by children experiencing and coping with trauma, grief, and loss only with direct parental supervision or guidance and support from other caring adults. This list was compiled by a committee of MCEC advisors representing various perspectives: psychologists, educators, military families, grief specialists, and professional developers, and is reproduced here with permission from the MCEC. The statements included in this list are opinions based on the MCEC perspective and guiding principles and are not intended to be a comprehensive review of the literature, but rather a guide.

#### ***Early Elementary Level***

- *A Bunch of Balloons*, by Dorothy Ferguson.  
Synopsis: Author discusses loss and grief by introducing a story about a little child who loses a balloon. The author then introduces the topic of death and grief and leads the reader through activities using balloons to capture what is lost and what remains in the grieving child's life. The goal is to help grieving children acknowledge what they have lost and celebrate what they still have left when someone they love has died.
- *I Had a Friend Named Peter: Talking to Children About the Death of a Friend*, by Janice Cohn.  
Synopsis: A young child learns of the sudden death of her school friend, Peter, who was accidentally hit by a car while chasing a ball. Excellent introduction helps adults understand the many questions children pose following the death of a loved one. Addresses dying, funerals, and burial in direct language. Also has a school setting with teacher and classroom. Picture book.  
Teachable moments: Have child talk about memories of the deceased—the likes and dislikes of the person. For sudden death situations, ask children how they would say goodbye to the person.
- *A Good Day*, by Kevin Henkes.  
Synopsis: Four little creatures encounter dilemmas in their day. Using their circumstances, relatable to the young child, this story presents a simple message of reassurance in times of sadness, disappointment and challenge. This book encourages hope and resilience and invites discussion with children regarding their own situations.
- *Ragtail Remembers—A Story That Helps Children Understand Feelings of Guilt*, by Liz Duckworth.  
Synopsis: The death of an old cat who was a playful companion and good friend of the storyteller, a

mouse named Ragtail. The language is clear and direct, which lends to the open discussion of feelings and emotions that are experienced when there is a death and loss. It demonstrates the importance of friends, the help rendered by a wise bluejay that acts as a faithful guide and teacher and becomes a new friend and playmate of the mouse. It is also about honoring and remembering in death.

- *The Fall of Freddie the Leaf*, by Leo Bascaglia.  
Synopsis: Freddie learns about the cycle of life from his fellow leaf friend, Daniel. Freddie comments on his experience regarding his mentor's death and then his own death.  
Caution: ensure child understands that death is not sleeping, but is permanent.
- *The Wall*, by Eve Bunting.  
Synopsis: In this moving picture book, a little boy and his father visit the Vietnam Veterans Memorial ("The Wall") to find the name of the boy's grandfather. They notice details: items left in remembrance, the uniformity of the engraved lettering, a veteran who is an amputee, and more. Together they make a rubbing of the name, which is a popular tradition.
- *When Dinosaurs Die: A Guide to Understanding Death*, by Marc Brown and Laurie Krasney.  
Synopsis: Uses dinosaurs to explain in simple language the feelings people may have regarding death of a loved one and ways to honor the memory of someone who has died. Does not tell a story; addresses fears, curiosity, customs, and acknowledges military death and war.  
Caution: Some may take offense that the death of a pet is represented as equal to the death of a person.  
Teachable moments: Dinosaurs are extinct (this can cause a whole separate discussion). Look closely at the drawings for details related to the children's questions in the book.

### Mid-Elementary Level

- *Everett Anderson's Goodbye*, by Lucille Clifton.  
Synopsis: Written in verse and beautifully illustrated with charcoal line drawings, this book features a young African-American boy whose father has died. The theory of stages of grief is presented through the eyes of the young boy and his profound loss. Theories differ in describing grief as stages, phases, or processes. Stages imply a linear progression. Current research emphasizes grief as a process with phases that individuals may experience at different times.
- *Geranium Morning*, by Sandy Powell.  
Synopsis: Two elementary-aged kids, a boy and a girl, each lose a parent, a father and a mother, respectively. The father dies suddenly in an accident and the mother dies from illness. The children help each other deal with their grief; story expresses the value of shared experience as the root of recovery.  
Teachable moments: Talk about the benefit of sharing a new friendship with someone who has had a similar experience.  
Note: This book is out of print, but used copies may be available online.
- *I Don't Have an Uncle Phil Anymore*, by Marjorie Pellegrino.  
Synopsis: When a young boy's uncle dies, he must board a plane and fly to the funeral. He recalls the fun times he had with his Uncle Phil and how he used to play and do special things with his Uncle Phil and his cousin. He worries about his cousin and aunt and who will play with his uncle now. The boy witnesses the support of his uncle's fellow firefighters when the funeral procession passes the firehouse. The boy calls this a sad parade. The boy hugs his cousin Jenny and comforts her when she exclaims while playing blocks, "I don't have a daddy anymore."
- *I Miss You—A First Look at Death*, by Pat Thomas.  
Synopsis: The story uses language that is gentle, simple, clear, and straightforward, directed to a little girl. It explains death as a natural part of life, that after death, the body stops working. It discusses the funeral and provides an excellent discussion of the variation in cultural practices and beliefs regarding death. The question, "What about you?" that appears at the bottom of several pages stimulates discussion of questions a child may have about death, feelings and emotions a child may experience, and the

difficulty of understanding. There are suggestions for how to use the book at the end that are useful and instructive. A list of suggested books and resources is provided; the glossary is rather brief.

Caution: On page 23, one line, “the souls of other people who have passed away,” is unusual because otherwise very factual and realistic text is used throughout the story.

- *Memory String*, by Eve Bunting.  
Synopsis: A young girl’s mother dies and her stepmother helps her remember the love they shared using buttons as mementos. Highlights stepmother relationship as helpful.  
Teachable moments: Gather buttons—including military buttons or insignia—to make a memory string. Discuss the meaning of each button and why it holds that meaning.
- *The Hero in My Pocket*, by Marlene Lee.  
Synopsis: A brother and sister, ages 10 and 7, experience the loss of their father who died serving in the US military. The children progress through the grief process and positive recovery is encouraged.  
Teachable moments: Children can write or draw their part of the story on “Hero Pages” in the book to give voice to their thoughts and feelings. Discuss keepsake memento child may have (or want) of the deceased (95% of children have a keepsake object [transitional linking object] from a deceased parent that they keep in their rooms). Gather “remember letters” or have class write “remember letters.”
- *What Does That Mean? A Dictionary of Death, Dying and Grief Terms for Grieving Children and Those Who Love Them*, by Harold Smith and Joy Johnson.  
Synopsis: More of an encyclopedia than a dictionary, the clever format of word, pronunciation, definition and example or quotes, sometimes from known literature, could be a good, objective classroom resource.
- *Owen & Mzee*, by Isabella Hatkoff, Craig Hatkoff, and Paula Kahumbu.  
Synopsis: This is the tale of a baby hippo named Owen and his friend Mzee, a 130-year-old giant tortoise. Owen is a survivor and an orphan as a result of the December 2004 tsunami in Southeast Asia. This profound true story offers a potent reminder that even in the face of tragedy, the power of friendship endures—and that our most important friends are sometimes those we least expect. A true demonstration of resilience and living in a “new normal.”
- *Annie Loses Her Leg but Finds Her Way*, by Sandra J Philipson and Robert Takatch.  
Synopsis: Based on an actual incident, this is both a poignant and funny story of a 9-year-old English springer spaniel who loses her front leg to cancer. Two children, Annie and her high-spirited brother, Max, experience her illness and recovery in very different ways. Max is in denial, and Annie is in a state of sad acceptance. This is a book about love, loss, friendship, and optimism.

### **Elementary and Early Teen Level**

- *A Taste of Blackberries*, by Doris Buchanan Smith.  
Synopsis: Two ’tween boys, best friends, “planned to have fun all summer,” but one boy dies suddenly. Novel follows range of thoughts, emotions, and actions of surviving best friend.
- *Coping With Death and Grief*, by Marge Eaton Heegaard.  
Synopsis: Eight vignettes about the death of a person and the children affected. Several different kinds of death and relationships are illustrated in easy-to-read format, followed by factual discussion points about grief, changes in relationship, realities of day-to-dayness, and many other aspects. References military funerals, playing “Taps,” and much discussion about school settings, including death discussed in the classroom.  
Teachable moments: Discuss the concept of grief as a fact, a normal aspect of the human condition. Discuss how the relationship to someone is a primary factor in one’s experience with grief.
- *How It Feels When a Parent Dies*, by Jill Krementz.  
Synopsis: Eighteen kids, boys and girls ages 7 to 16, wrote personal essays about their experiences and feelings about the death of their parent. Different types of loss are represented, as are a range of normal feelings: anguish, guilt, confusion, anger, as well as the children’s lives since the death.



Teachable moments: Discuss how book shows that grief reactions and responses are as individual as people. With teenagers, discuss aspects that make it individual (age at time of death, family composition, type of death).

- *Part of Me Died, Too: Stories of Creative Survival Among Bereaved Children and Teenagers*, by Virginia Lynn Fry.  
Synopsis: First-person stories by kids of different ages who experienced loved ones' deaths (father, mother, friend, other relative) from different means (sudden death, lingering illness, and suicide). They describe their reactions and effects. Table of contents lists type of death and ages of kids so reader can go right to the section. In the epilogue the kids reflect on their original writings and talk about how they are now. Also lists follow-on reading suggestions.  
Teachable moments: Discuss how the book shows that grief reactions and responses are as unique as individuals. With teenagers, discuss aspects that make it individual (age at time of death, family composition, type of death).
- *What We Do When Someone Dies*, by Caroline Arnold.  
Synopsis: Fact-based book that explains vocabulary related to someone dying and afterwards (obituaries, funeral service, etc). Ranges from concept that all living things must die to what happens to the body, funeral ceremonies, and afterwards. Acknowledgment of multicultural beliefs and customs. Acknowledges that people die in war. Discusses Memorial Day and Arlington National Cemetery.  
Teachable moments: Discuss military-related traditions ("Taps," veterans' cemeteries, flags, etc). Discuss how having facts helps alleviate some of the fear associated with the difficult topic of death (fear of the unknown, fear of taboo topic, etc). Further discussion on respecting culture and traditions of different religions and nationalities, and allow child to choose topics to discuss further since book is fact-based.

### Teen Level

- *Fire in My Heart, Ice in My Veins—A Journal for Teenagers Experiencing Loss*, by Enid Samuel Traisman.  
Synopsis: A workbook that allows teens to describe their feelings and thoughts related to the death of someone they cared about. A brief statement appears at the top of the page, followed by several responses to encourage and focus their expressions in writing or drawings to remember and honor the one who died. The statements are very probing. This process allows teens to be open and candid about their feelings.  
Teachable moment: Provides valuable discussion opportunities between caring adults and teens experiencing loss.
- *The Grieving Teen: A Guide for Teenagers and Their Friends*, by Helen Fitzgerald.  
Synopsis: Written about and for teens, this guidebook covers a wide range of situations and topics—and suggestions—for grieving teens and those who care about them. Teen voices are heard throughout the book. Does not discuss death of service members but it does discuss secondary losses and complicating factors such as dealing with the press and sudden death.  
Teachable moments: Discuss what kind of secondary losses or compounding factors someone may have experienced.
- *The Healing Your Grieving Heart Journal for Teens*, by Alan Wolfelt and Megan Wolfelt.  
Synopsis: Guided journal encourages teens to self-explore through self-expression. Designed as a companion book to *Healing Your Grieving Heart for Teens: 100 Practical Ideas*. Useful weeks, months, or even years following the death of a loved one.
- *When a Friend Dies: A Book for Teens about Grieving and Healing*, by Marilyn Gootman.  
Synopsis: The book is about acceptance and compassion. Focuses on answering teen/preteen questions about death.
- *You Are Not Alone: Teens Talk About Life After the Loss of a Parent*, by Lynne Hughes.  
Synopsis: The author, Lynne Hughes, the founder of the Comfort Zone Camp for grieving children who have lost parents or siblings, personally experienced the death of her parents at an early age. The voices

of teens who have attended the camp provide illustrative insights into ways young people have dealt with loss. As the title suggests, teens are encouraged to seek help and to know that there are others who share feelings of immeasurable loss.

- *Finding My Way: A Teen's Guide to Living With a Parent Who Has Experienced Trauma*, by Michelle D Sherman and DeAnne Sherman.  
Synopsis: An interactive workbook format that offers teens practical tools and information about post-traumatic stress disorder and other responses to trauma. Clearly and concisely written, it encourages teens to address their own emotions and key issues in dealing with a parent who has experienced trauma. The gentle guide, using honest and concise language, offers valuable tools for coping, identifying social support networks, and dealing with friends. An extensive resource list, glossary, and frequently-asked-questions section completes this useful manual.
- *Facing Change: Falling Apart and Coming Together Again in the Teen Years*, by Donna O'Toole.  
Synopsis: Founded on the belief that young adults can make effective choices that can transform pain into resilience, the author provides an abundance of information and coping choices to assist the process. A book about loss, change, and possibilities.

### Adults—General

- *Ambiguous Loss: Learning to Live With Unresolved Grief*, by Pauline Boss.  
Synopsis: Offers insight into the meaning and impact of ambiguous loss and suggestions for coping. Author draws from her own research, including interviews with military spouses of service members who are missing in action or prisoners of war. *Ambiguous Loss* is applicable to families of those with traumatic injury or Alzheimer's disease, or who are missing.
- *Helping Children Cope With the Loss of a Loved One: A Guide for Grownups*, by William Kroen.  
Synopsis: Answers questions relative to developmental ages, uses vignettes along with practical and theoretical advice.
- *Life and Loss: A Guide to Help Grieving Children*, by Linda Goldman.  
Synopsis: Tools, ideas, and inventories for educators and other community members to use in helping kids commemorate loss. Discusses different types of childhood losses and avoids clichés. Provides an example of a "community care team" concept to help the grieving child.
- *Raising Our Children to Be Resilient*, by Linda Goldman.  
Synopsis: Resource for adults to understand how children experience traumatic events and empowering them to be resilient.
- *Raising an Emotionally Healthy Child When a Parent Is Sick*, by Paula K Rauch and Anna C Muriel.  
Synopsis: A friendly and accessible guide to communicating with children about illness, death, and dying. Assists parents in understanding unique temperaments of individual children and practical advice and examples of how to establish and organize a family support system.
- *Military Widow*, by Joanne M Steen and Regina Asaro.  
Synopsis: An insider's perspective to understanding and surviving the death of a military service member, as well as implications for surviving dependents. Helpful blend of personal experiences and professional references and research. Addresses the unique aspects and challenges of military widowhood.
- *Authentic Happiness: Using the New Positive Psychology to Realize Your Potential for Lasting Fulfillment*, by Martin EP Seligman.  
Synopsis: "Positive psychology" is a new approach to psychology focusing on mental health rather than mental illness. Readers learn that happiness can be cultivated by identifying and using many of the strengths and traits that they already possess; their signature strengths. By calling upon these strengths in all the critical aspects of life, one develops buffers against misfortune and negative emotion. Break free from learned helplessness to learned optimism resulting in greater resilience.

- *A Parent's Guide to Building Resilience in Children and Teens: Giving Your Child Roots and Wings*, by Kenneth R Ginsburg.  
Synopsis: This practical guide assists parents in showing their children how to be more resilient when facing compounding stressors by developing healthy coping strategies. Dr Ginsburg introduces parents to the seven "crucial Cs": (1) competence, (2) confidence, (3) connection, (4) character, (5) contribution, (6) coping, and (7) control, and how they work together to help kids 18 months to 18 years bounce back from challenges and manage stress.

#### **Adults—Educational Focus**

- *Grief Comes to Class: An Educator's Guide*, by Majel Gliko-Brado.  
Synopsis: Short, to-the-point guide, based on results of a study conducted through the College of Education at Montana State University to obtain perceptions and feelings about bereaved children. The views of teachers, parents, and the children are represented in the discussion of the environment, culture, individual personality, and circumstances. Examples of children's experiences are interspersed throughout the text, especially helpful in the section on developmental changes among children of different ages, with special attention on teen grief. The "What You Can Do to Help" section offers sample letters and activities for the classroom, with a teacher/parent/student conference plan that can be modified and personalized.
- *Helping Children Grieve & Grow—A Guide for Those Who Care*, by Donna O'Toole.  
Synopsis: This booklet provides a useful, easily understood synopsis to help children to grieve and to grow. The format is functional in its arrangement of concise information with practical suggestions on understanding reactions and what to do to encourage the children. It speaks of resilience in children and offers resources available both nationally and locally. The language is compassionate and demonstrates that the writer has broad experience in the field.

#### **Adults—Reference**

- *25 Things to Do: Activities to Help Children Suffering Loss or Change*, by Laurie A Kanyer.  
Synopsis: Practical and simple activities to engage a child suffering a painful loss or change. A creative, sensitive, "Mr. Rogers"-like reference for parents and caregivers. Encompasses a broad range of loss topics children may encounter in their developmental years; from the loss of a pet, to the divorce of their parents, to the death of a loved one.
- *35 Ways to Help a Grieving Child*, by the Dougy Center: The National Center for Grieving Children and Families.  
Synopsis: Drawn from stories, suggestions, and insight shared by children and their family members at the Dougy Center, this book explores behaviors and reactions of children at different ages and maturity levels; outlets for children to safely express their thoughts and feelings; and ways to be supportive during difficult times, such as a memorial service, anniversary, or holidays.
- *How to Go on Living When Someone You Love Dies*, by Terese A Rando.  
Synopsis: Step-by-step guide for adults to talk about death with children of all ages to help understand what they think, how they feel, and what they comprehend. Directly addresses how adults can help, providing checklists, scripts, and quick reference information.
- *How Do We Tell Children: Helping Children Understand and Cope When Someone Dies*, by Dan Schaefer and Christine Lyons.  
Synopsis: Written by a former funeral home director who dealt with thousands of families, this book helps adults understand how to talk with children openly about death. Covers age range from 2 to teenager. Helpful for adults to understand what children can and cannot grasp at certain developmental stages.
- *Losing Parents to Death in the Early Years*, by Alicia Lieberman.  
Synopsis: Written by one of the most respected professionals in the field of early trauma/loss, the author

explains how vulnerable children can be given their immaturity. Addresses difficult issues that arise as a result of death due to military service or socially-stigmatized causes.

- *Treating Trauma and Traumatic Grief in Children and Adolescents*, by Judith Cohen.  
Synopsis: This book describes the state-of-the-art cognitive-behavioral therapies used in treating children who are exposed to trauma and traumatic death. While it is mainly targeted for therapists and clinicians who work with this population of children, it is also an excellent reference for others who would like to understand the most effective, evidence-based approaches to helping children and adolescents who suffer with trauma-related disorders.