

CHILDREN AND PARENTS WITH PTSD AND TBI

By Janice Black

Colorado Springs is already seeing and feeling the collateral effects of the wars in Afghanistan and Iraq...in Domestic Relations Courts. Marriage problems, domestic violence, suicidal behavior, and angry outbursts, all common in families with a returning soldier, are damaging to children. Often children are the casualties on the home front.

“Reverse culture shock” is a term used to describe adjustment difficulties upon returning to one’s home and culture. Students who study a year abroad often experience it, as do soldiers posted in non-combat zones and certainly those who do see combat zones. After nine months in a warzone, survival behaviors become deeply ingrained. A whole new skill set is required on returning to a spouse who has created a life without you and a child who may have been a cuddly bundle of diapers and soft blankets when you left but is now climbing the rafters, rattling your brains with her shrill voice and exhausting you with demands to be the center of attention. Some behaviors that were learned for survival on the battlefield but are not appropriate at home are hard to change. When there are children in the picture, these behaviors need to change - as quickly as possible.

Sometimes children respond to the return of a parent in ways that the parent does not handle well. For example, consider a very young child who does not even recognize the returning parent and cries at being held by a perceived stranger. Stranger anxiety is perfectly normal (emerging at about five months of age) and is actually indicative of good bonding, which is critical for healthy psychosocial development. More than one parent coping with reverse culture shock responds in anger or withdrawal when his youngster refuses to let him hold her; that parent often stops trying to interact with the child – during this window of time that is crucial for developing a healthy relationship. Lack of bonding in this period has the potential for injury to the child’s socialization now and later in life.

The good news is that 80 to 85% of returning soldiers will recover in a year with rest and care. Family relationships, friendships, careers, studies, all

are restored or renewed. A child can learn to trust and love the parent.

The bad news is that today, many soldiers are being deployed three, four and even five times. After a deployment the soldier is supposed to have a year before being sent out again. However, the Army needs about nine months to prepare the soldier for battle readiness. So, that leaves only three months for the warrior to recuperate, rest, be a family member, reconnect with the spouse (unless the spouse has filed papers for separation or divorce), get to know the family and establish relationships with the children. From the child’s point of view, the parent who had vanished for nine months, has come home changed (for the worse), turned the household routines topsy-turvy, and is not focused on “me”. The military yanks that parent’s focus back to battle preparation until, finally, he or she vanishes again for a long, long time.

Children are terribly stressed by this cycle of separation-adjustment, separation-adjustment with multiple deployments. They are very likely to have difficulties including eating and sleeping disorders, toileting issues, irritability, aggressiveness, whininess, depression, headaches, cognitive and focusing problems, inability to cooperate and extreme anxiety.

But there are some families – many - very many - as is becoming clear, who have to cope with additional layers of problems: post traumatic stress disorder (PTSD) and traumatic brain injury (TBI). PTSD is a familiar term; it is a result of psychological trauma and may manifest as hyper-vigilance, reactivity, anxiety and depression, memory loss and mood swings. And, the “signature” injury of the current wars is TBI. A TBI is, by definition, disruption in normal functioning of the brain caused by trauma such as a jolt, the concussive sound wave of a loud explosion, or a blow to the head. (Previously, TBIs were unrecognized or overlooked. As a result, only now are veterans with brain injuries sustained prior to 2007 coming in to treatment centers for help.) Modern weaponry and manner of warfare are particularly likely to cause TBIs. The array of physical symptoms and behavioral signs is vast, all depending

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on which part of the brain is injured. Men and women who are sent to the current wars are coming home with PTSD and TBIs.

Their children face extraordinary confusion, disorientation and pain. Developing trust and love with a parent who is a stranger - and a poorly functioning one at that - with a vast array of physical symptoms and behavioral signs (depending on which part of the brain is affected in the event of a TBI) is a huge hurdle for children. We can expect to see an increase in reactive attachment disorders and other social/emotional problems. Indeed, the Department of Veterans Affairs is reporting an increase in violent behaviors in children of veterans with PTSD, more aggression and hyperactivity and more school problems. Children of veterans with PTSD or a TBI may share symptoms as a way to connect with the parent who does not communicate (perhaps out of a desire to shield the child). Often children develop their own PTSD symptoms.

According to Operation TBI Freedom (with offices in Denver and in Colorado Springs), approximately 20% of soldiers returning from Iraq and Afghanistan have sustained a TBI. With Ft. Carson expected to grow to 30,000 soldiers by 2013 and 70% of them likely to remain in Colorado, we are going to see many traumatized children. Operation TBI Freedom is helping some families now, and getting ready for more.

At a recent talk to Advocates at the office of CASA of the Pikes Peak region, Col. George Brandt reported that the Army now recognizes the huge negative impact of PTSD and TBIs on families and community. He reports that the military is taking responsibility by aggressively setting up programs - beyond the existent Warrior Transition Program - with better screening to identify soldiers suffering from PTSD and TBI, and helping them get services, including effective mental health treatment.

Let us hope something good is put into place soon. Soldiers coming home with PTSD and/or a TBI are not going to be capable of parenting their children adequately until they get help. And children cannot wait.

Ft. Carson is the second largest employer in Colorado. This year Active Duty Military Duty personnel number almost 25,000 soldiers. Roughly 12,000 children of soldier live in this area. Both numbers are expected to grow significantly for a few years. Janice Black is a Child and Family Investigator in compliance with Chief Justice Directive 04-08 Standard 6. She has experience as a CFI in dealing with the issues described in this article. An MSW, she has worked with children of all ages and families in many configurations as a Parent Educator, Teacher, Social Worker and Advocate. 524 North Tejon - 201-0887 - www.JaniceBlack.com.

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