

# Negative Changes in Children & What Parents Can Do

**Infants (< 1 year)** must be held and actively nurtured in order to thrive. If a primary caregiver becomes significantly depressed then the infant will be at risk for apathy, refusal to eat and even weight loss. Early intervention becomes critical to prevent undue harm or neglect. Pediatricians can perform serial exams to ensure growth continues as expected on height/weight charts. Army Community Services and Social Work can assist with parenting skills and eliciting Family or community support. Lastly, the primary caregiver may also benefit from individual counseling.

**Toddlers (1-3 years)** will generally take their cue from the primary caregiver. One issue is whether it is the mother or father who is the Soldier leaving - especially when children are very young. If the "non-deploying" parent is coping well, they will tend to do well. The converse is also true. If the primary caregiver is not coping well, then toddlers may become sullen, tearful, throw tantrums or develop sleep disturbance. They will usually respond to increased attention, hugs and holding hands. The "non-deploying" parent may also benefit from sharing their day-to-day experiences with other parents facing similar challenges. In particular, it is important for the primary caregiver to balance the demands for caring for children alone with their own needs for time for self.

**Preschoolers (3-6 years)** may regress in their skills (difficulty with potty training, "baby talk," thumb sucking, refusal to sleep alone) and seem more "clingy." They may be irritable, depressed, aggressive, prone to somatic complaints and have fears about parents or others leaving. Caregivers will need to reassure them with extra attention and physical closeness (hugs, holding hands). In addition, it is important to avoid changing Family routines such as sleeping in their own bed, unless they are "very" scared. Answers to questions about the deployment should be brief, matter-of-fact and to the point. This will help to contain the free-floating anxiety of an overactive imagination.

**School age children (6-12 years)** may whine, complain, become aggressive or otherwise "act out" their feelings. They may focus on the Soldier-parent missing a key event, for example: "will you (the Soldier) be here for my birthday." Depressive symptoms may include: sleep disturbance, loss of interest in school, eating or even playing with their friends. They will need to talk about their feelings and will need more physical attention than usual. Expectations regarding school performance may need to be a little lower, but keeping routines as close to normal is best for them.

**Teenagers (13-18 years)** may be irritable, rebellious, fight or participate in other attention-getting behavior. They may show a lack of interest in school, peers and school activities. In addition, they are at greater risk for promiscuity, alcohol and drug use. Although they may deny problems and worries, it is extremely important for caregivers to stay engaged and be available to talk out their concerns. At first, lowering academic expectations may be helpful; however, return to their usual school performance should be supported. Sports and social activities should be encouraged to give normal structure to their life. Likewise, additional responsibility in the Family, commensurate with their emotional maturity, will make them feel important and needed.

Unfortunately, some children may have great difficulty adapting to the stress of a deployed parent. If they are unable to return to at least some part of their normal routine or display serious problems over several weeks, a visit to the Family doctor or mental health counselor is indicated. Children of deployed parents are also more vulnerable to psychiatric hospitalization - especially in single-parent and blended Families. Despite all these obstacles, the vast majority of spouses and Family members successfully negotiate the sustainment stage and begin to look forward to their loved ones coming home.

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