

Honoring Our Babies & Toddlers

Supporting young children affected by
A MILITARY PARENT'S INJURY

A GUIDE FOR PARENTS AND CAREGIVERS



COMING TOGETHER AROUND MILITARY FAMILIES®



When a Military Parent of a Baby or Toddler Is Severely Injured

When I was injured, my wife was 6 months pregnant. I knew I needed to live for my son. —A father

Your baby or toddler can't understand the details of her parent's injury, but she is aware that something is happening. She notices differences in her daily routine, in your voice, and in the expression on your face. She may reunite with a parent she hasn't seen for months in a hospital setting surrounded with strange sights, sounds, and smells. All these changes can leave her feeling uncertain or insecure.

At the same time, she is making new discoveries about herself, other people, and objects wherever she is—indoors or out, at home, at a Fisher House, or in a hospital or rehabilitation center. She learns no matter what she is doing—having her diaper changed, kicking a ball to you, or proudly pushing the button to close elevator doors at the medical center.

She looks to you for comfort and to help her understand and cope with her feelings. In this brochure, we address six steps that you can take to support your child over the days, weeks, and years:

- Use everyday moments to comfort your child.
- Ask yourself, “What is my child’s behavior telling me?” and “What can I say or do to support her?”
- Keep your child safe.
- Care for yourself.
- Explore and use a few key resources.
(A list is included later.)
- Share your child’s pleasure in everyday moments.

Some of what you read here you may already know and do. Some ideas may be new. We invite you to take one or two tips and try them.

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Web: <http://www.zerotothree.org>

The mission of ZERO TO THREE is to publish authoritative research, practical resources, and new ideas for those who work with and care about infants, toddlers, and their families.

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Use Everyday Moments to Comfort Your Child

I had quiet, special toys in the hospital room—a doctor’s set, coloring books—so our toddler could play quietly on the bed with my husband. I’d bring in snacks and a movie we could watch together to make moments of normalcy as if we were home. You need to get those moments when you can get them. —A mother

Sometimes our son tells me, “I can’t do that, Dad.” I say, “You can do anything.” Now he tells his Mom, “You can do anything, Mommy.” —A father

Everyday moments—in a hospital room or at home—can help your child relax, feel safe and secure, and build her confidence.

You help your baby relax—and yourself, too—when you:

- *Rock together.* Moving back and forth, slowly, gently, is calming.
- *Sing her a song.* Don’t worry if you can’t carry a tune. Your child loves hearing your voice.
- *Give your child a gentle massage, if she enjoys it.* Using your fingertips or palm, gently move from head to toe while talking softly to her.
- *Keep her comfort items or “loveys” nearby in case she wants them.* Her pacifier, favorite blanket, and stuffed toy are soothing.

You help your child feel safe and secure when you:

- *Offer extra hugs, kisses, and cuddles.* You will feel better too.
- *Stick to your daily routines the best you can.* Knowing what to expect will help your child feel more in control.
- *Say “goodbye” when leaving, even for a short time.* Don’t try to “sneak away,” even if your child cries. This builds trust as your child learns that she can count on you to tell her when you are leaving.
- *Assure your child that someone will take good care of her when you are away.* “When I go to the hospital to see Daddy, Grandma will be here with you. I’ll call to say ‘I love you’ each night at bedtime.”
- *Read the same book or tell the same story—again.* Knowing what is coming next is comforting.
- *Protect your child from scary conversation and pictures.* Turn off the TV and radio news. Ask family and friends not to discuss scary events around her.

- *Talk with your child about what she may be feeling.* Give her words to validate her feelings and to show that her feelings can be shared: “You look like you are angry.”
- *Create “moments of normalcy.”* Watch a movie, play hide and seek, look at family photos. These are familiar, reassuring activities.

You help build your child’s confidence that she can manage when you:

- *Invite your child to join in daily routines.* She will feel proud to push the elevator buttons or carry napkins to the bedside or table at dinnertime. At the same time, she needs you to set limits of privacy and protect her from routines that may be hard to understand or disturbing. Changing a dressing or helping your injured family member with toileting is a job for adults.
- *Give her realistic choices:* “Do you want to wear your yellow shirt or the one with stripes?”
- *Help your child succeed.* For example, when your baby’s rattle rolls away, move it closer so she can reach it.
- *Share your child’s delight in a new accomplishment:* “You gave that ball a giant kick.”



Reading to Your Children

This list includes a few suggestions of books to enjoy with babies and toddlers and their older siblings.

Although your baby or toddler may not understand every word at first, your child will treasure time to snuggle with you, look at pictures, and hear your voice. The illustrations and messages in these books can be comforting and reinforce family connections during a difficult time.



On Family Connections:

Guess How Much I Love You by Sam McBratney. Trying to delay bedtime, Little Nutbrown Hare tells his dad “I love you” in many different ways. (Published by Candlewick, 1996)

The Runaway Bunny by Margaret Wise Brown. In a pretend game of chase, a little bunny changes into different shapes such as a fish and a crocus. But whatever he looks like and wherever he hides, his mommy always finds him. (Published by HarperCollins, 2005)

What Mommies Do Best/What Daddies Do Best by Laura Numeroff. This book shows animal mothers and fathers doing loving, everyday activities with their child. (Published by Simon & Schuster Children’s Publishing, 1998)

The Goodbye Book by Judith Viorst. In this story, a little boy does not want his parents to go out and leave him at home with the babysitter. (Aladdin, 2004)

The Invisible String by Patrice Karst. This story is about the connection between people who love each other when they are together and apart. (Published by DeVorss & Company, 2000)

“More More More,” Said the Baby by Vera B. Williams. Three toddlers in three different families want more attention and affection from the adults who love them. (Published by HarperCollins, 1996)

Ask Yourself, “What Is My Child’s Behavior Telling Me? What Can I Say and Do to Support Her?”

Although your child may not have the words to tell you what she feels and needs, her behavior can help you understand what she is experiencing. The chart below is in a child’s words to help you see through your child’s perspective. It also offers examples of supportive responses.

I didn’t know the extent of my husband’s injuries, so I made the decision to leave our son with my mom when I rushed to the hospital. I didn’t want everything to change for him overnight. —A mother

When We First Got the News:

When I...	I may be saying...	How you can support me
Seem quiet, watchful, withdrawn; cry, cling, and have trouble sleeping; go back to wanting my bottle, sucking my thumb, or wetting my pants	I know you are upset. I feel tension in your arms when you hold me. I hear worry in your voice. I see you crying. You may be trying to protect me by hiding things, but I know something is happening.	Use gentle, clear, uncomplicated words. If I ask questions, give a simple answer. Reassure me that you will take good care of me. Don’t worry if you begin to cry. Tell me you are sad if that’s how you’re feeling. Don’t worry that you have to get every word right when you tell me what is happening. We’ll be talking about this a lot. Do your best. Give me a hug. We’ll both feel better. Make the best choice you can about what to do. If you decide I should stay home when you go to the hospital to see what’s happening, leave me with someone I know and trust. If you have questions or concerns about how I’m doing, talk to a professional you trust.

We waited to bring our son to the hospital until my husband was a little more awake and could interact more. —A mother

Preparing for a hospital visit:

When I...	I may be saying...	How you can support me
<p>Am one of those children easily overwhelmed by new people and situations OR</p> <p>One of those children normally very active, loud, getting into everything at home</p>	<p>This is my personality, my way of being.</p>	<p>Think about whether it is better for me to stay at home with someone we trust or to go to the hospital with you.</p>
<p>Ask to go with you to the hospital, or when you decide to take me with you</p>	<p>I want to be with Daddy (or Mommy), but I need your support.</p>	<p>Decide with my parent who is injured (if possible) the best time for me to come.</p> <p>Be sure that the hospital allows underage visitors.</p> <p>Before we go, tell me a story of what to expect so I have some idea of what I may see, hear, smell, and feel.</p> <p>Try to plan the visit at a time when I am well rested and fed.</p> <p>Bring a bag with my bottle or cup, drink, snacks, my “lovey,” and a few toys.</p> <p>Help me draw a picture or practice a song to sing for Mommy or Daddy.</p> <p>If you are staying for a long time, ask someone we trust to come with us. He or she can take me out to play or back home when I’ve had enough.</p>

It took time for my son and husband to reconnect. You have to be prepared. It wasn’t picture perfect. Everything at the hospital was new. He hadn’t seen my husband for months. He was getting used to me again too after staying with my mom for a month. —A mother

During a hospital visit:

When I...	I may be saying...	How you can support me
<p>Squirm, cry or fuss, whine</p>	<p>I’m hungry.</p> <p>I’m tired.</p> <p>I’ve been here long enough. I need a break. The tension in here is getting to me. I’m feeling stressed.</p>	<p>Bring along food I like and my bottle or sippy cup too. Find a quiet place where we can sit together and eat.</p> <p>Put me in my stroller and rock me back and forth. Try to find another place where I can take a little nap.</p> <p>If possible, bring someone we know and trust who can take me to the lobby, the TV room, or outside to play awhile.</p> <p>Try to take care of yourself as much as possible—accept support when you can. Caring for yourself will help you be more patient with me.</p>
<p>Am restless. Start getting into things.</p>	<p>This is a little space with too many rules. I’m tired of “be quiet,” “don’t touch,” “don’t do.”</p>	<p>Keep the visit short.</p> <p>Take me to the waiting room, cafeteria, or even better yet, outdoors where I can play and talk.</p>
<p>Hesitate to look at or talk to Daddy or Mommy or shy away from touching, hugging, or kissing him or her</p>	<p>It’s been a long time. I need time to reconnect.</p>	<p>Give me time to reconnect.</p> <p>Show me that it’s OK to hug Daddy or Mommy—if it is. But don’t force me. I’ll cuddle when I’m ready.</p> <p>Offer me the chance to draw a picture, sing a song, or get something for my injured parent.</p>

When I...	I may be saying...	How you can support me
Peek at Daddy/Mommy in the hospital bed, then look away... then peek again	I'm starting to reconnect.	Give me time.
When I stare at someone's scarred face or prosthesis	I'm trying to understand and learn about something that is new to me. I'm worried that something like that might happen to me.	Give me a simple explanation and reassurance: "That new leg—it looks different, doesn't it? But watch. It helps her walk. Your legs help you walk, too." Reassure me that I am safe and healthy. "It's not the kind of 'owie' that you have."
Ask a question	I'm curious. I'm ready for some more information.	Answer in simple words I can understand: "That machine helps Mommy breathe."



My son tells his friends about my "cool robot leg." Sometimes if I don't have it on, he says, "Dad, where's your leg. Go put it on. Let's go outside." —A father

When I...	I may be saying...	How you can support me
Get fussy	Things around here are very different. It's unsettling.	Return to some everyday activities we used to do, such as reading a story at bedtime.
I get very upset when I fall or get a boo-boo	I'm afraid my body is injured, too.	Be matter-of-fact. Reassure me that you will take care of me. Help me get back to playing.
Protest at being left alone with my parent who has been injured	I need more time to reconnect and to feel safe and secure with him/her.	Give me time. Let us be all together.
Play pretend (e.g., that my doll is in the hospital, missing a leg, burned and covered in bandages)	I am trying to figure out what is happening. I am trying to get a sense of some control over all that is going on.	Join me in my play. Ask my doll questions: "How are you feeling? Do you have a wheelchair? Is the doctor taking good care of you? How can we help you feel better?" Give me props, such as a blanket, toy stethoscope, box of adhesive bandages. Use this as a chance to give me a little more information: "The bandages on Mommy's face are helping her burns get better." If you feel worried about my play or feel like I'm getting upset or "stuck" in my play, talk to a professional you trust for guidance.
Start to watch, smile at, offer toys to, or snuggle with my parent who has been away and injured	I am feeling more safe and comfortable with you.	Give me a little more time for all of us to be together as our connection grows. Give us short times alone together—with the parent who has been home with me nearby and able to step in if we need some support. Help me reconnect by offering me a toy or playing a simple game like peek-a-boo.

When I...	I may be saying...	How you can support me
Show interest, curiosity, or desire to help with caring for my injured parent	I want to help. I like to feel confident and competent.	<p>Give me tasks I can do, such as carry the bandages to the bed. But don't rely on me. I'm too little for that much responsibility.</p> <p>Sometimes rules of privacy shift when medical care is needed. Set limits around privacy. You help with bathing and toileting. I can help get Mommy a drink or sing her a song.</p> <p>Protect me from sights and sounds that are overwhelming, such as a wound or bloody gauze. I don't know how to understand it, and I may think that it's scarier or worse than it is.</p>

When a Parent Comes Home Changed

I needed to take care of myself first before I could be a good husband and dad. I didn't like the person I was. I wasn't as loving as I could be. Looking back, maybe it was my heightened anxiety from trauma. I was so scared about our future. —A father

Injuries can lead to changes in physical appearance or abilities, personality, or mental processes, making it difficult for Service members to rebuild relationships with their children. Challenges to relationships may show up at homecoming or months afterward.

Some Service members returning from combat may have more difficulty being close to or touching their infants or young children. According to a child psychiatrist working with military families, "For those who have witnessed severe trauma and who are suffering from PTSD [posttraumatic stress disorder], being close to or touching their young children may serve as traumatic reminders of their experience, resulting in disturbing emotions, memories, or flashbacks. When such powerful emotions and memories are generated, parents may worry that they may contaminate or hurt their children, causing parents to be more distant." —Child psychiatrist working with military families

Parents may be faced with questions they never imagined: "How do I pick up my baby when I've lost both my arms?" "If being a good parent means running and playing with my child, what do I do now that I'm paralyzed?"

These are very complicated issues. If you (or a family member) are dealing with changes that are interfering with caring for your child, talk with a professional counselor or chaplain.

Keep Your Child Safe

Keep Your Child Safe. Everyday behaviors of babies and toddlers can evoke strong feelings and reactions from adults, even in the best of situations. A child's clinging or calling "Mommy" repeatedly may feel extremely demanding when you are caring for a seriously injured spouse.

A child's crying or sudden move to chase the family cat can lead to an overreaction by a Service member who is not sleeping well or easily startled. According to the National Center for Posttraumatic Stress Disorder (2005), anger and aggression are common combat stress reactions. Using alcohol or drugs as a way to cope can make the situation worse and possibly unsafe for family members.

Remind All Families: Never Shake a Baby or Toddler

Shaking a baby even for a few seconds can injure the baby for life. The whiplash motion can cause bleeding inside the head and increased pressure on the brain, causing brain tissue to tear. This is known as Shaken Baby Syndrome.

For more information, go to the National Center on Shaken Baby Syndrome Web site at www.dontshake.org

Here are some ways to keep your child safe:

- *Identify people who are your support network.* Post their phone numbers in a place where you can easily find them.
- *If your child's crying or other behavior is too much to take, place your child in a safe place, such as her crib.* Call someone from your support network to help you feel calm and/or come and get your child for a while.
- *Have a safety plan in place to give the Service member or spouse a needed break.* Arrange a signal or cue so the other parent can take your child to another location.
- *If at any time you think you or your child may be in danger, take your child and leave your home immediately.* Contact the Family Advocacy Program on your installation for information and resources to support you and your family.

Care for Yourself

Here are some suggestions in the words of parents dealing with an injury:

- “*Try to take things one day at a time.* It’s hard to do. Everything gets jumbled. But step by step, you can make it.”
- “*Seek out people you can relate to.* When there was the call, my mom wanted to hug me, but I couldn’t do that yet. So I talked with military friends. They could understand.”
- “*Have realistic expectations of yourself.* Come up with an idea, try it, and if it didn’t work, try something different. What else can you do?”
- “*Try to control what you can.* Then don’t worry about the rest.”
- “*Allow yourself to let your feelings out every once in a while—away from your child.* At the beginning, I had to be positive. But later, there were times I’d walk down the hall to an empty waiting room to cry and scream. It helped.”
- “*Respectfully advocate for yourself. Don’t just assume that things will get better.*” An injured Service member explains: “I had the ability to advocate for myself. But a lot of times that role comes to the wife or mother. If things aren’t working and you aren’t getting the medical care or support you need, keep insisting until you get it. Taking care of yourself is one of the best ways you can take care of your child.”
- “*Accept support, even if it’s difficult to do.* I’d prefer to handle things on my own. But it helps to have somebody else around, especially when you have a young child. So if people offer support, try to accept it.”



Recognize Signs That You or Your Spouse Needs Support and Seek Treatment

I was in severe pain, my family had to go home for a while, and I was depressed. I could have easily self-medicated at the bar, but I chose not to do that. I took an on-line course to keep my head busy. It was something to hold on to. I saw others who made a different choice. —A father

Ask yourself the following questions* to identify signs that you need support:

- Am I feeling worse—or not any better—as time passes?
- Am I unable to do my job in the way I know it needs to be done?
- Is my family suffering because of the way I am acting?
- Am I drinking more alcohol than usual?
- Am I using drugs?
- Am I having trouble sleeping or wanting to sleep too much?
- Is my child suffering because of the way I am acting?
- Is it impossible or hard for me to touch my child?
- Am I able to enjoy my child?
- Do I get angry at my child for no reason?
- Am I being the parent I want to be?
- Am I feeling fulfilled as a parent right now?
- Can I ask for resources/support when I need it?
- Have I been dealing with any of these issues for a few weeks now?

Talk with someone you trust, such as a professional counselor, your doctor, or a leader of your church, synagogue, or mosque at any time, especially if signs persist for 6 months or longer. Acknowledging that you need support may be difficult, yet it is one of the most important steps in caring for your child.

*Based on “Getting the Help You Need to Recover Your Emotional Health”

This article is provided to Service members and their families as part of the Military OneSource program, which offers information and support on a wide range of family and personal issues. To access the program, just go to www.militaryonesource.com or call Military OneSource today. From the United States, call 800-342-9647. From overseas, call collect 484-530-5908.

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Explore and Use Available Resources

Explore these resources and take advantage of all they have to offer you and your family:

Wounded Warrior Resource Call Center (WWRCC): The Department of Defense's WWRCC was created in September 2008 to provide Service members who have become wounded, ill, or injured—as well as their immediate families and their primary caregivers—with a single point of contact for assistance with reporting deficiencies in covered military facilities, obtaining health care services, receiving benefits information, and any other difficulties encountered while supporting wounded warriors. Wounded Warrior consultants collaborate with representatives working with the Army Wounded Warrior Program (AW2), the Marine Wounded Warrior Regiment, the Navy SAFE HARBOR program, and the Air Force Wounded Warrior program. The service support programs are the primary avenues of support for their wounded and families; the Center continues to connect members and families as requested to resources such as Military OneSource and can provide a liaison with other federal agencies and nonprofit organizations. The WWRCC can be reached toll free at 800-342-9647.

WWRCC Web site: The WWRCC Web site provides wounded Service members, as well as their families and caregivers, with information that they need in the areas of military facilities, health care services, and benefits. It supports access to the WWRCC and trained specialists who are available 24/7 by phone at 800-342-9647 or by e-mail at www.militaryonesource.com. Information is also available on how to connect with other families for support and recreation. To access this Web site, visit www.woundedwarriorresourcecenter.com

National Resource Directory (NRD): The NRD is a Web-based “yellow book” for wounded, ill, and injured Service members, veterans, their families, and those who support them. The Directory provides over 10,000 services and resources available through governmental and nongovernmental organizations to support recovery, rehabilitation, and reintegration into the community. To access the NRD, visit www.nationalresourcedirectory.org

Military OneSource is available to you 24/7 with services including information about child development, child care, and coping with an injury. You can talk with a trained consultant who will discuss options and resources and provide referrals. Confidential counseling in person, by phone, and by e-mail is available. Go to www.militaryonesource.com or call 800-342-9647.

ZERO TO THREE: www.zerotothree.org offers a wealth of information on the social, emotional, and intellectual development of babies and toddlers. The military Web page supports military professionals and parents with postings of monthly articles, information, and events at www.zerotothree.org/military

Share Your Child's Pleasure in Everyday Moments

- Play “Where is your tummy?” and enjoy the delight in your child's eyes.
- Share a sweet peach together and lick the juice off your lips.
- Stop to watch an ant walk across the sidewalk. Talk about where you think it is going.
- Sail a boat “across the seas” in the bathtub.
- Collect beautiful leaves or shiny pebbles in the park.
- Watch a flag blowing in the breeze and notice how your hair is blowing too.

Moments such as these bring smiles, strengthen relationships, and are healing.

Reference

National Center for PTSD. (2005). *Returning from the War Zone: A guide for military families*. Retrieved June 6, 2006, from www.ncptsd.va.gov/topics/war.html



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Patricia M. Barron, BSN, MS
Director Youth Initiatives
The National Military Family Association

Ryo Sook Chun, MD
Clinical Director
Child and Adolescent Psychiatry Service
Walter Reed Army Medical Center
Washington, DC

Judith A. Cohen, MD
Medical Director
Center for Traumatic Stress in Children & Adolescents
Allegheny General Hospital
Pittsburgh, PA

Stephen J. Cozza, MD
Professor
Department of Psychiatry
Uniformed Services University of the Health Sciences
Bethesda, MD

Beth Ellen Davis, MD MPH
Chief Developmental Services
Madigan Army Medical Center
Tacoma, WA

Lawrence P. Greenslit, MDiv, MSS, EdD
Captain, Chaplain Corps
U.S. Navy
Quantico, VA

Kathleen Knorr, MSW, LICSW
Madigan Army Medical Center
Tacoma, WA

Maj. Keith M. Lemmon, MD, FAAP
Director, Military Child and Adolescent Center of
Excellence (MCA CoE) Adolescent Medicine and
Pediatric Faculty, Department of Pediatrics
Madigan Army Medical Center
Fort Lewis, WA

Alicia F. Lieberman, PhD
Irving B. Harris Endowed Chair in Infant Mental
Health Professor and Vice Chair for Academic Affairs,
University of California, San Francisco; and Director,
Department of Psychiatry, Child Trauma Research Program
San Francisco General Hospital
San Francisco, CA

Vonda Jump Norman, PhD
Research Scientist
Early Intervention Research Institute
Utah State University
Logan, UT

Daniel S. Schechter, MD
Director, Consult-Liaison and Parent-Infant
Research Units
Child and Adolescent Psychiatry Service (SPEA)
University Hospitals of Geneva
Genève, Switzerland

Benjamin Siegel, MD
Professor of Pediatrics and Psychiatry
Boston University School of Medicine
Boston Medical Center
Boston, MA

Elisabeth M Stafford, MD, FAAP, FSAM
COL, MC, USA
Program Director, Adolescent Medicine Fellowship
San Antonio Military Pediatric Center
San Antonio, TX

Barbara Thompson, MS
Director, Office of Family Policy/Children and Youth
Military Community & Family Policy
Office of the Secretary of Defense
Washington, DC

Patricia Van Horn, PhD
Associate Director of the Child Trauma Research
Program at the University of California, San Francisco

Sandra Radzanower Wolkoff, LCSW-R
Doctoral Candidate, Adelphi University
Graduate Fellow, Zero to Three, 2007–2009
Director, Marks Family Right From the Start Center
North Shore Child & Family Guidance Center
Manhasset, NY

My son tells his friends about my “cool robot leg.” Sometimes if I don’t have it on, he says, “Dad, where’s your leg. Go put it on. Let’s go outside.” —A father

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DEDICATED TO THE HEALTH OF ALL CHILDREN™



National Center for Infants, Toddlers, and Families

Writer: Amy Dombro

For more information on ways to support yourself and your young children during times of military stress, go to ZERO TO THREE at www.zerotothree.org/military