

Military Families Coping with Death, Dying and Grief Issues

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Abstract

There has been approximately 1.5 million service members who have spent service time in Iraq, of which about 500,000 have served two tours of combat (Whitlock, 2008 as cited by Huebner, Mancini, Bowen, & Orthner, 2009). Given that deployment tours can last up to 15 months, many military personnel have been spending more time overseas than at home. As the Global War on Terrorism (GWOT) continues the death rate continues to rise, there are many families and children that will have to cope with the death of a love one and the grief that comes with it. This article will bring awareness to helping professionals and agencies that work with military families and their relatives after the death of a service member. It will show the length and use of such modalities as the social learning theory and the grief cycle model in offering the best interventions and techniques when providing psychological services to families of services members who died while in combat. It will also provide a starting point and mid-point for love ones that may be seeking additional resources after the death of a family member.

Keywords: death, military families, social learning theory, grief cycle model.

INTRODUCTION

The Office of the Deputy Under Secretary of Defense, 2005, (as cited in Huebner et al, 2009) report more than half (55%) of active military members are married and about 43% have children (40% of whom are younger than 5 years). There are two types of data that reflect key aspects of the circumstances of military families in the Global War on Terrorism (GWOT). The deployment and death/wounded in action daily. As of November 2007, there were 162,000 troops deployed to Iraq and 26,000 to Afghanistan (Whitlock, 2008 as cited by Huebner, et al., 2009). Roughly, 1.5 million service members have spent service time in Iraq; about 500,000 have served two tours of combat, 70,000 have served three, and 20,000 have been deployed five or more times (Mansbridge, 2003). Given that deployment tours can last up to 15 months, many military personnel have been spending more time overseas than at home.

Data from the Defense Manpower Data Center reported that from October 2001 through February 2008 there were 478 military members that died participating in Operation Enduring Freedom (Afghanistan, Philippines, Southwest Asian, and other locations) and 1,867 were wounded in action (Huebner, Mancini, Bowen & Orthner, 2009). As the Global War on Terrorism (GWOT) continues, the death rate continues to rise. There are many families and children that will have to cope with the death of a love one and manage the grief that comes with it (McKenry & Price, 2005). The need for formal and informal support systems continues to increase as the GWOT remains.

Statement of the Problem & Purpose

Dover, Air Force Base (AFB) is home to the Charles C. Carson Center for Mortuary Affairs which is the largest Department of Defense Mortuary, to date. It is where America brings its soldiers home that died in combat. Customarily, seven people work at the center; however, since the onset of the Iraq war began, there has been as many as 200 on staff (Mansbridge, 2003). The staff that are assigned to the center are prepared every day to meet our fallen service members as they return to the United States of America, however, many of the families are not prepared to cope with the stressful events and transitions caused by the death of their family members emotionally, financially and relationally (McKenry & Price, 2005).

The purpose of this article is to bring awareness to helping professionals and agencies that work with military families and their relatives after the death of a service member. It will provide a starting point for some healthcare professionals and a mid-point for love ones that may be seeking additional resources after the death of a family service member. Many of these families are unaware of information and resources that are available to them (Fischer, 2009). When times are hard, other military families come together and provide support to the families of the deployed service members (O'Connor, 2009). As time passes the informal support to these families goes away. It is important that these families become aware of the formal support services as well.

Social Learning Theory / Grief Cycle Model & Development

There are many theories that can be utilized while working with families experiencing the death of a love one or during the grief process and the social learning theory and the grief cycle model are but a few that have been selected for examination for this article. The author of social learning theory, Albert Bandura, believed that modeling, reciprocal, and determinism is a positive guide for others to follow (Payne, 2005). The social learning theory is also related to Vygotsky's social development theory and Lave's situated learning in that it emphasizes the importance of the social learning (Social Learning Theory, 2010). Cognitive theory is also a part of the development of behavior theory and therapy that work with the social learning theory, as well. Cognitive theory also grew out of therapeutic development of theorists such as (Beck 1989 and Ellis 1962 as cited by Payne, 2005).

There are many professionals and agencies that use social learning theory when working with individuals and families (Norris-Shortle, Young & Williams, 1993; Social Learning Theory, 2010). Some people may have been shielded from the experience of death and have not seen family members or others grieve or attended religious or cultural rituals (i.e., funerals, wakes). Often times the lack of these experiences do not help the individual when it comes time for him/her to cope with death. Once a person has obtained the experience of death, he/she will be better able to express their feelings and cope with grief and mourning (Carder, 1987 and McLoughlin, 1986 as cited by Botsford 2000). Death is a crisis that all individuals encounter, and it is recognized as the most stressful life events families face, although most do not need counseling to cope (Parks, 2001 as cited by McKenry & Price 2005).

The Grief Cycle Model is another intervention that can be used with individuals and families that may be grieving from the loss of a family member. The author of the grief cycle model, Elisabeth Kubler-Ross, pioneered methods in the support and counseling of personal trauma, grief and grieving, associated with death and dying. She also improved the understanding and practice relation to bereavement and hospice care (Chapman, 2009). Dr. Kubler-Ross developed the five stages of grief as a model for helping dying patients to cope with death and

bereavement, albeit, the concept also provides insight and guidance for coming to terms with personal trauma and change, and for helping others with emotional adjustment and coping.

The five stages of grief model are; denial, anger, bargaining, depression, and acceptance). Some people do not always experience all five “grief cycle” stages. Every individual is different when it comes to the grieving process. Some stages might be revisited and some stages may not be experienced at all (Chapman, 2009).

Purpose of Social Learning Theory and Grief Cycle Model

While the social learning theory has often been called a bridge between behaviorist and cognitive learning theories because it encompasses attention, memory, and motivation; it also reveals that people learn from one another by observation, imitation, and modeling (Social Learning Theory, 2010). Albert Bandura believed that people learn through observing others’ behavior, attitudes, and outcomes of those behaviors. It further purports that most human behavior is learned observationally through modeling from observing others. Once an individual forms an idea of how new behaviors are performed, they tend to later recall the information which serves as a guide for action. Social learning theory explains human behavior in terms of continuous reciprocal interaction between cognitive, behavioral, and environmental influences (Social Learning Theory, 2010).

An example of social learning could be viewed as experiencing the death of a friend or a love one in the past and having to attend a funeral. If another death occurs in the future the individual’s past experience could be recalled in order to relate to the current death and some of its process. According to Payne, 2005, when appropriate situations arises, observers repeat the behavior according to the “idea” of which they have formed. The following conditions are necessary for effective modeling:

1. Attention, which is when various factors increase or decrease the amount of attention paid. Attention includes distinctiveness, affective valence, prevalence, complexity, functional value. One’s characteristics (e.g. sensory capacities, arousal level, perceptual set, past reinforcement) affect attention.
2. Retention is when remembering what one pay attention to. Retention includes symbolic coding, mental images, cognitive organization, symbolic rehearsal, motor rehearsal.
3. Reproduction is reproducing the image. Reproduction includes physical capabilities, and self-observation of reproduction.
4. Motivation is having a good reason to imitate. Includes motives such as past, (i.e. traditional behaviorism), promised (imagined incentives) and vicarious (seeing and recalling the reinforced model) (Payne, 2005).

The Grief Cycle Model has been used with individuals and family members for support and counseling personal trauma, grief and grieving, associated with death and dying. The model is best known for the five stages of grief by Elisabeth Kubler-Ross. The five stages are ;

1. Denial - Denial is a conscious or unconscious refusal to accept facts, information, reality, etc., relating to the situation concerned. It's a defense mechanism and perfectly natural. Some people can become locked in this stage when dealing with a traumatic change that can be ignored. Death of course is not particularly easy to avoid or evade indefinitely.
2. Anger - Anger can manifest in different ways. People dealing with emotional upset can be angry with themselves, and/or with others, especially those close to them. Knowing this helps keep detached and non-judgmental when experiencing the anger of someone who is very upset
3. Bargaining - Traditionally the bargaining stage for people facing death can involve attempting to bargain with whatever God the person believes in. People facing less

serious trauma can bargain or seek to negotiate a compromise. For example, "Can we still be friends?" when facing a break-up. Bargaining rarely provides a sustainable solution, especially if it's a matter of life or death.

4. Depression - Also referred to as preparatory grieving. In a way it's the dress rehearsal or the practice run for the 'aftermath' although this stage means different things depending on whom it involves. It's a sort of acceptance with emotional attachment. It's natural to feel sadness and regret, fear, uncertainty, etc. It shows that the person has at least begun to accept the reality.
5. Acceptance - varies according to the person's situation, although broadly it is an indication Again this stage definitely that there is some emotional detachment and objectivity. People dying can enter this stage a long time before the people they leave behind, who must necessarily pass through their own individual stages of dealing with the grief (Social Learning Theory, 2010).

When a person experience grief, it is an individual response to bereavement and the event of loss. Grief includes emotions, mental perception, and physical reactions. It looks at how the person feels, thinks, eats, and sleeps, etc. Grief is a process which reveals that the loss is permanent. Sometimes families of service members' bereavement may be looked at by others as reevaluation of religious or spiritual beliefs as the bereaved tries to make the meaning of their loss. According to Despelder & Strickland (1999) mourning is closely related to grief and is sometimes used interchangeable. Mourning is the process by which the survivor adjusts to bereavement and incorporates the experience of loss into his or her ongoing life (Despelder & Strickland, 1999).

Some of the concepts and constructs for social learning are focusing on people learning from their perceptions of social experiences. Some generalization of learned behavior may be recalled from ordinary life. The extinction of unhelpful behavior patterns are reviewed as well. Modeling can be seen as a form of social learning where people understand and copy behaviors from a role model, and shape behavior by reinforcing small changes (Payne, 2005). Some limitations for the Grief Cycle Model are that there is no order that needs to be followed for the five stages of grief. Also, there is no set timeframe of how long the person will take with the grief process.

The ABC-X model of family stress is another model that can be used while working with grieving families. It allows room for consideration of cultural and religious practices and beliefs, the family support system, the environment, and multigenerational relationships and issues (Smith, Harmon, Ingoldsby & Miller, 2009). Counseling should focus on the family's strengths and coping strategies that have worked in the past for them. When receiving counseling services, individuals and each family member should be giving time to talk about their loss and what it means to them. The loss will be different for each family member.

LITERATURE REVIEW

According to McKenry & Price (2005) death and grieving are normal. Some survivors can experience physical, psychological, and social consequences that can be viewed either as stressor experiences or as part of the coping process (Hall & Irwin, 2001 as cited by McKenry & Price, 2005). Bereavement can also have negative consequences for physical health which includes physical illness, aggravation of existing medical conditions, increased use of medical facilities, and the presence of new symptoms and complaints. During anticipatory bereavement and the months following a loss through death, physiological changes in survivors are indicative of acute heightened arousal (i.e., increased levels of cortisol and catecholamine,

change in immune system competence, and sleep complaints); however, changes in neuroendocrine function, immune system competence, and sleep may endure for years in survivors (Goodkin et al, 2001; Hall & Irwin, 2001 as cited by McKenry & Price 2005). For some individuals, intrusive thoughts and avoidance behaviors are correlated with sleep disturbances, which appear to intensify the effects of grief, resulting in decreased numbers and functioning of natural killer cells. Bereavement also appears to be related to increased adrenocortical activity, long-lasting brain changes, and possible long-term changes in gene expression (Biondi & Picardi, 1996 as cited by McKenry & Price 2005).

Grief does not disappear after one has accepted the loss. Mourning a loss will be different for everyone and it is a complicated experience for individuals and families (Smith, et al., 2009). Sometimes grief is misunderstood within the counseling field. For example, when someone asks if the loss was expected, it often implies that an expected loss should be easier to deal with than an unexpected loss (Hedtke, 2002 as cited by Smith, et al., 2009). Another client shared her thoughts after the loss of her husband when she was asked if she was "all right."

"In one sense, I am absolutely all right. I am sane, I am alive, I am physically healthy, I am thinking and working, I am in touch with many wonderful people, and my heart is broken. I am badly damaged. I may never be "all right" in the way I once was again. Yet, when a friend said I was "not doing well", I was outraged. I told her that she could say I was in despair, that I was bereft, that my world had collapsed, but please do not say I was not doing well. "How would you think of me if I were skipping gaily through life just now?" I asked. I did not like feeling judged inadequate in some way because I grieve" (Hollander, 2004).

This example serves as a reminder to counselors, social workers and other helping professionals. Many times after the loss of a family member the client is not "all right", but they are taking one day at a time within the way that they experience grief. For some people, it may take longer than others. The client reminds us that she did not want to be fixed or hurried along. Grieving the loss of a love one takes time and she wanted the time to be sad for her loss. There are many individuals and service family members that are approached by friends and helping professionals who are not equipped with what to say in response to the stress experienced as a result of the death of a service member.

According to Lee-St. John (2006) there are more than 115,000 Americans whose sacrifices in the war on terrorism are often forgotten: the children whose parents have been deployed to Iraq or Afghanistan. Those kids are gaining a voice and a break through Operation Purple, a privately funded program of 26 sleep-away camps in 22 states where art therapy, open discussion and old-fashioned summer fun ease the trauma of having a soldier parent deployed. One counselor, Kuipo Ordway, who oversees behavioral health at the camps (free for 8-to-18-year-olds) who have a parent deployed, says they need outlets. "They're angry and scared," she says, but "proud of their parents" (Lee-St. John, 2006).

The counselor reports the camp as a lasting benefit for those who do not live on a military base. It provides a support network that is built during the week at camp.

"Nonmilitary people don't know what it's like to have someone you love in an uncivilized, faraway place tell you on the phone, 'Oh, that's a car bomb going off, but I'm kind of used to it,'" says Courtney Rinnert, (Lee-St. John, 2006).

According to the counselor Courtney's stepdad is an Army reservist who spent 15 months in Iraq. Many of the children that come to the camp can relate well to each other because they share some experience of a parent being deployed. Many of the children have a fear that their parent may not return home alive.

According to Norris-Shortle, Young, & Williams (1993), two developmental theorist observed and documented the effects of the distress caused children by the loss of their mothers. They observed infants from birth to age four in the Humpstead Nurseries after they were separated from their mothers and the affect it had on the children (Burlingham and Freud 1942, as cited by Norris-Shortle, et al., 1993). Another study by Spitz 1946, (as cited by Norris-Shortle, et al., 1993) conducted observations in New York on institutionalized infants from birth to age 18 months who had been separated from their incarcerated mothers for three months or longer. Their study revealed the effect the loss of the primary caretaker had on infants and concluded that the depth of infants' despair and grief can be life threatening.

The studies conducted by the two developmental theorists (Burlingham & Freud, 1942) confirmed that the loss of a mother or love one can cause children distress over a period of time. Further, Spitz's (1946) study shared that infants do experience some grief and that it can be life threatening. He emphasized that separation anxiety has an immediate relation to grief and mourning and described a three-step sequence of grieving behavior through which infants process such a loss: (1) protest – the outrage and anguish over the loss, (2) despair – the realization of no hope, and (3) detachment - the separation from people in general (Norris-Shortle, et al., 1993). They went on to report that infants are not yet capable of reasoning through trauma, they may develop an inability to trust or bond with people. Many military and non-military families may have experienced the grieving behavior of a child and/or a family member during the loss of a love one.

DISCUSSION

Some military family members try to prepare themselves for the worse when their love ones deploy, but often are not prepared whenever the "bad news" arrives. For example, some friends and relatives spoke through tears and grief after finding out that five soldiers in Iraq had been slain by a fellow soldier. According to O'Connor, 2009, Sergeant (SGT) John Russell opened fire after a confrontation with staff at a clinic in Baghdad. He had been sent to the clinic to receive counseling. SGT Russell has been charged with five counts of murder and one count of aggravated assault.

"Among the victims were Dr. Matthew P. Houseal, 54, a psychiatrist and father of six who was in Baghdad fulfilling his obligations as a reservist at the clinic, and Commander Charles K. Spingle, 52, a social worker from North Carolina who enlisted in the navy in 1988. Others were relatively new to the military, like Private First Class (PFC) Jacob Barton, 20 of Missouri, and there was Christian Bueno-Galdos, 25, a sergeant from New Jersey" (O'Connor, 2009).

This is a small glimpse of how many families and children will be affected by this one incident. Although, there have been many more incident reports from service members being killed in action (KIA). Some families try to mentally prepare themselves for the worse, but when they find out the death of their family member was caused by "one of their own" does not prepare the family member to receive the news well. One family member of the incident stated, "I don't respect the way he died, "Mr. Bueno said in Spanish. He didn't die in combat. He died because another soldier killed him" (O'Connor, 2009). According to Smith et al, (2009) there are many losses families experience on a daily or ongoing basis that are not recognized by society. Many losses are not as clear as death. Some losses may involve divorce or the ending of a

relationship, chronic illness or disability, and miscarriage, etc. This report focus is on the death of service members being killed while at war. For families that experience the death of service members being killed while at war “one of their own” is a different type of loss that is oftentimes seen as cruel, uncertain, and an extraordinarily stressful event. The natural day to day process of life oftentimes stops the day the news is received. Loss is a reminder that life is not always kind or fair, but another part of the life-cycle. After receiving the news of such a loss, some family members sometimes get stuck in the same roles or no longer know what their roles are (Smith, et al., 2009). Every individual and family member reacts to the death of a love one differently. It is important that agencies and helping professionals are prepared to provide support and services to these families in their time of need.

Feller (2009) reports there are hangars at Dover, Air Force Base (AFB) where a six-person guard of honor awaits the return of the fallen soldiers every day. There are American flags carefully folded and soon to be draped over the plane's cargo (aluminum cases) upon return. The cases are what are used to return our service members who have been killed while serving their country. During the 1st year of the war the news media use to cover some of the aircrafts coming back to Dover, AFB. But, they no longer put these pictures on television due to many family members' request and some people in society. Now, families get to decide whether cameras can document the return. Nearly two-thirds have said yes to the media and even more to coverage by Pentagon cameras (Feller, 2009). Our American citizens should continue to be reminded that Soldiers, Sailors, Airmen and Marines are defending our freedom and our way of life around the world. Many of these service members will return alive, but many will not. Will we remember the failing service member and their families?

In a 2009 report, one family agreed to the open media for Sergeant Dale R. Griffin's return (see figure 1). President Barack Obama was among the dignitaries that met the 18 fallen Americans on the C-17 aircraft. President Obama also went to a nearby chapel to talk with families of the fallen (Feller, 2009).

The president stated, “It was a sobering reminder of the extraordinary sacrifices that our young men and women in uniform are engaging in every single day, not only our troops, but their families as well” (Feller, 2009).

DEATH AND CASUALTY STATISTICS

Table 1. Total U.S. Military Casualties in Operation Iraqi Freedom and Operation Enduring Freedom

	Operation Iraqi Freedom	Operation Enduring Freedom
Non-Hostile Deaths	836	220
Hostile Deaths	3,425	443
U.S. DOD Civilian Deaths (Hostile and		
Non-Hostile Deaths)	11	1
Total Deaths	4,261	663
Total Wounded in Action	31,131	2,725

Source: Department of Defense, <http://www.defenselink.mil/news/casualty.pdf>. Bi-weekly updates of OIF and

OEF can be found in CRS Report RS21578, *Iraq: U.S. Casualties*, by Susan G. Chesser.

Note: Current as of March 20, 2009.

Since the war started, many families hope and some pray that their love one return home safely. The president was asked later if his experience with the fallen service members would have an impact on him. The president informed the media that the burden that both our troops and their families bear in any wartime situation is going bear on how he see the conflict and decisions that he have to make. Many service members and military families support the president's leadership, but many look forward to the end of the GWOT. There have been many service members who have been on multiple deployments and upon returning to their home base they prepare again for another mission and redeployment assignments.

According to Fischer (2009) the Congressional Research Service (CRS) office prepares bi-weekly updates on the death rates and the casualty statistics for Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF). The total U.S. Military Casualties in Operation Iraqi Freedom and Operation Enduring Freedom can be found in Table 1. There were 826 non-hostile deaths in OIF and 220 for OEF, the total hostile deaths in OEF were 3,425 and 443 for OEF. The total deaths have come to 4,261 as of March 20, 2009.

Table 2. OIF Gender Distribution of Deaths

Gender	Military Deaths	%of Total Deaths
Male	4,143	97.6
Female	102	2.4
Total	4,245	100.0

Source: DOD, Operation Iraqi Freedom—Military Deaths, at <http://siadapp.dmdc.osd.mil/personnel/CASUALTY/oif-deaths-total.pdf>.

Table 3. OEF Gender Distribution of Deaths

Gender	Military Deaths	%	of
Total Deaths			
Male	641	97.9	
Female	14	2.1	
Total	655	100.0	

Source: DOD, Operation Enduring Freedom—Military Deaths, at <http://siadapp.dmdc.osd.mil/personnel/CASUALTY/OEFDEATHS.pdf>.

A breakdown of the gender distribution of death can also be found in the above tables Table 2 and Table 3 for OIF and OEF.

Table 4. OIF Race/ Ethnicity Distribution of Deaths

Race/Ethnicity	Military Deaths	% of Total Deaths
American Indian/Alaska Native	41	1.0
Asian	81	1.9
Black or African American	407	9.6
Hispanic or Latino	450	10.6
Multiple races, pending, or unknown	46	1.1
Native Hawaiian or Pacific Islander	49	1.2
White	3,171	74.7
Total	4,245	10

Source: DOD, Operation Iraqi Freedom—Military Deaths, at <http://siadapp.dmdc.osd.mil/personnel/CASUALTY/oif-deaths-total.pdf>.

Table 5. OEF Race/Ethnicity Distribution of Deaths

Race/Ethnicity	Military Deaths	% of Total Deaths
American Indian or Alaska Native	9	1.4
Asian	8	1.2
Black or African American	52	7.9
Hispanic or Latino	52	7.9
Multiple races, pending or unknown	5	0.8
Native Hawaiian or Pacific Islander	9	1.4
White	520	79.4
Total	655	100

Source: DOD, Operation Enduring Freedom—Military Deaths, at <http://siadapp.dmdc.osd.mil/personnel/CASUALTY/OEFDEATHS.pdf>.

The race/ethnicity distribution of deaths for OIF and OEF can be found in Table 4 and 5. As the GWOT continues the Department of Defense will continue to prepare these death and casualty reports.

One program that is reaching out to military children is the Tragedy Assistance Program for Survivors (TAPS). The program estimates that for every active duty military death, there are 10 direct family members impacted (Richard, 2007). Reporting more than 43,000 people in the U.S. are dealing with the traumatic death of a loved one in the military service. Also, stating that 2,500 are children younger than 18 years that have lost a parent to the wars in Iraq and Afghanistan. In recent years, a program call Good Grief Camps was started by TAPS for children and survivor seminars for adults, grieving families, to come together to learn coping skills and establish peer support groups.

The topic of war on the minds of children in the United States has not been a primary focus for researchers in past. As the war continues there is a great concern for children that have parents in harm's way. Ryan-Wenger (2001) believes there should a systematic examination of the children's perspectives due to peacekeeping actions, humanitarian missions across the globe, and the increasing deployment rate of military mothers and fathers. Her study of the impact of living with the threat of war on children in active-duty and reserve military families did a comparison sample of civilian children and military children. The military children in this

sample were not preoccupied with the threat of war, and were not unusually anxious, and cope effectively. While interviews about children's perception of war were revealed it was difficult to link data from interviews to scores on related variables. The author reports further research is needed with smaller effect size hypothesized (Ryan-Wenger, 2001).

Many military families that have lost a service member while serving their country are assigned a Casualty Assistant Officer (CAO) to provide assistances with military/government benefits and paperwork. The word casualty can be a frightening term for families to hear if they are not familiar with the different terms (Military Casualty Information, 2010). It is good to know that the term actually has several meanings. A casualty is any person who is lost to the organization by reason of having been declared beleaguered, besieged, captured, dead, diseased, detained, duty status whereabouts unknown, injured, ill, interned, missing, missing in action, or wounded (Military Casualty Information, 2010). Some military families quickly become aware of the different acronyms and terms used within the armed forces and pick-upon new terms as they are developed and used.

According to National Military Family Association, survivors can never be fully prepared for the news their loved one has died, certain preparations can and should be made to assure casualty assistance is rendered and benefits are awarded as quickly and as compassion-lately as possible. Service members should not wait until a pre-deployment brief or a change in family status to make sure critical documents are current and in order. It is important to regularly review and update the service member and family information used to determine eligibility for and the distribution of the components of the survivor benefit package (Military Family Associations, 2010).

In the Armed Forces, each service is responsible for notification of next of kin (NOK) and has its own specific procedures for ensuring quick and personal notification. In the event of a service member's injury or illness, only the primary next of kin (PNOK) will be notified by telephone within 24 to 48 hours. For the Very Seriously Injured or Seriously Injured the PNOK will be notified by telephone. If the injury is not that serious, the service member or the hospital may be the one to notify the PNOK. All notified families will have ready access to information as it becomes available. Many of the military organizations have trained civilians and military family members on stand-by to assist with these families as needed.

According to Foderaro, 2008, it is impossible to know how many survivors of service members killed in Iraq or Afghanistan have struggled with managing the benefits. In an interview with dozens of military families only a few were willing to talk about it. According to experts on military families say they are seeing a growing number of problems with young widows (Foderaro, 2008). Many have never done any kind of money management or investing. Joanne M. Steen, co-author of a book, "Military Widow: A Survival Guide", developed a book in order to assist survivors that find themselves with large sums of money and not knowing what to do with it (Foderaro, 2008). In 2005 the death gratuity given to survivors went from \$12,420 to \$100,000 and the military group life insurance maximum rose to \$400,000 from \$250,000 (Foderaro, 2008). The military continues to try to take care of their own by providing training, workshops and seminars on budget management and financial planning.

The Department of Veterans Affairs provides insurance beneficiaries free service from a professional financial planner for a year, but a spokesman said that only one in 10 families use it.

There is definitely a need to encourage these beneficiaries to utilize all programs and services that may be available to assist them. Another individual that is available to assist these families is the CAO that has been assigned to the family to help with government forms and finding agencies that may be needed. As helping professionals seek ways to provide support and services to these families they should be reminded to be patient with their clients. Some military family members can make decisions quickly while others may take a little more time to make their decision. Remember, the loss of a loved one is a life changing event and will have an effect on them for the remainder of their life.

CONCLUSION & IMPLICATION FOR SOCIAL WORK

Social workers should continue to advocate for peace and equality around the world and be prepared to provide services to military families. According to NASW, 2006, social justice is central to the profession's values and its Code of Ethics for the social work. One of the main goals of social work is to promote policies that safeguard the rights of and confirm equity and social justice for all people (NASW, 2006). As the GWOT continues we should support the efforts of the armed forces. We also have to remember that the spouses, children, and other relatives will be affected by the war as well as the returning warriors.

If bereavement counseling is needed by a spouse, child, or family member it is available. Some family members may experience emotional and psychological stress after the death of a loved one. Most bereavement counseling includes a broad range of transition services, including outreach, counseling, and referral services to family members. The Department of Veteran Affairs (VA) offers bereavement counseling to parents, spouses and children of Armed Forces personnel (active and reservists) who died while servicing their country. In recent years many families have been able to access services at Community-Based Vet Centers located near a VA hospital (www.nationalmilitaryfamily.org, 2010). There continues to be a growing need for individual and family counseling as well as bereavement counseling.

Social Workers and other helping professionals are reminded that the National Military Association (2010) is a good resource for informing spouses and relatives of deceased service members. Many family members are not aware of all their entitlements and are not sure who they should contact. Some states have passed laws providing certain rights, benefits, and privileges to the surviving spouse and children of a deceased service member in order to help ease the loss. The National Guard (NG) has a number of benefits in place for these families as well. The benefits can include additional death gratuities, bonuses, educational assistance, employment opportunities, tax relief, etc. Survivors are recommended to look for information packets on the laws pertaining to their particular state from local government officials, the nearest Veterans Administration Office (VAO), or local veterans' organizations, such as the American Legion, Veterans of Foreign Wars, National Association of County Veteran Service Officers (NACVSO) and Disabled American Veterans (National Military Association, 2010).

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