



# **WORKING WITH FAMILIES OF THE FALLEN: CULTURAL CONSIDERATIONS AND RISK FACTORS FOR MENTAL HEALTH CONCERNS**

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**A RED SOX FOUNDATION AND  
MASSACHUSETTS GENERAL HOSPITAL PROGRAM**



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**Massachusetts General Hospital**

# **DISCLOSURE:**

Neither I nor my spouse/partner has a relevant financial relationship with a commercial interest to disclose.

# PRESENTER

- **Diane Nealon, LICSW** (she/her) is the Director of Family Outreach and Families of the Fallen at Home Base. She is a clinical social worker with extensive community organizing experience assisting survivors of trauma and grief, and she provides group therapy services for Families of the Fallen. Ms. Nealon holds an undergraduate degree from Northeastern University, a graduate degree in clinical social work from Boston College and is trained in several Cognitive Behavioral Therapy protocols, including Prolonged Grief Disorder.

# AGENDA

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Military Bereavement: Types, Terms and Demographics

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Unique Factors in Military Bereavement

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Protective and Risk Factors for Mental Health Concerns in Military Bereavement

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Treatment Considerations

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# **MILITARY BEREAVEMENT: TYPES, TERMS & DEMOGRAPHICS**

# MILITARY BEREAVEMENT DEFINED

- In this presentations, **military bereavement** refers to any bereavement of a military servicemember or veteran who died **as a result of** their military service
- The public has many assumptions about military deaths which may be inaccurate and unhelpful to surviving family members
  - There are **many types of military deaths**, including deaths due to combat, injuries (including self-inflicted), illnesses (including natural illnesses and service-connected illnesses), accidents, homicides and service-connected veteran deaths



# MILITARY DEATH TYPES

- The Department of Defense reports **60,770** Active-Duty, Guard/Reserve servicemembers deaths from 1980-2022
  - **28,995 accidents (47.7%)**
  - **10,923 illnesses (18.0%)**
  - **10,871 self-inflicted (17.9%)**
  - **5,687 hostile action (9.4%)**
- The VA reports in 2021, there were **6,392** suicides among Veterans of the 46,412 suicides among U.S. adults



# MILITARY FAMILY DEMOGRAPHICS

## Families of the Fallen

- The exact number of living military bereaved **families** in the United States is unknown
- The **Tragedy Assistance Program for Survivors (TAPS)**, a national peer support group for the military bereaved, counts **96,539** members as of March 2024
  - These members include families of fallen servicemembers and veterans who have died from service-connected injuries, including self-inflicted





# MILITARY FAMILIES OF FALLEN IN OUR COMMUNITIES

- **Families of Fallen**

- Live in diverse communities across country
- Oldest members are spouses of WWII/Korean War fallen servicemembers; youngest are children of fallen 9/11 servicemembers
- May be receiving dependent benefits from the VA, or care in their communities and Vet Centers



# MILITARY BEREAVEMENT TYPES

## **Gold Star Families**

- Families who have received one of two available “Gold Star” lapel pins from the Department of Defense

## **Families of the Fallen**

- Families whose military servicemember loved one passed away as a result of their military service, who may or may not have a DOD “Gold Star” lapel pin

## **Survivor Families of Military Suicides**

- Survivor families of military suicides whose servicemember loved one died from self-inflicted injuries connected to their military service
- Depending on the servicemember’s duty status at the time of their death, the surviving family members may, or may not have a DOD “Gold Star” lapel pin

# GOLD STAR FAMILIES DEFINED

- Many refer to bereaved military families and families of the fallen as “**Gold Star**” families
- This term refers to a specific type of **lapel pin** issued by the Department of Defense to families of service members who died in specific ways, at specific times



The “**Gold Star**” on a purple background pin is given to families of service members who have lost their lives while engaged in action against an enemy of the United States



The gold “**Next of Kin**” pin with a star is given to families of service members who lost their lives while on active duty or on a drill status

*Code of Federal Regulations. Title 32. Volume 3. Section 578.63 – Lapel buttons.*

# **UNIQUE FACTORS IN MILITARY BEREAVEMENT**

# UNIQUE FACTORS IN MILITARY BEREAVEMENT

- Military funerals & honors can be unequal in terms of attendance and community support
- Military funerals are highly ritualized which can be a comfort and a cause for problems within some families
- Military funerals are usually very public and at times, can be political



# SURVIVOR FAMILIES OF MILITARY SUICIDES

## Consider saying

- If serving all military bereaved, use “Families of the Fallen”
- Suicide attempt/attempted suicide
- Died by suicide/suicide death
- Took their own life
- Died as result of self-inflicted injury
- Disclosed

## Instead of

- “Gold Star Family”
- Failed suicide or unsuccessful attempt
- Successful or completed suicide
- Committed suicide
- Chose to kill themselves
- Threatened

*Source: National Alliance of Mental Illness, Language Matters. October 2015.*

# **PROTECTIVE AND RISK FACTORS FOR MENTAL HEALTH CONCERNS IN MILITARY BEREAVEMENT**

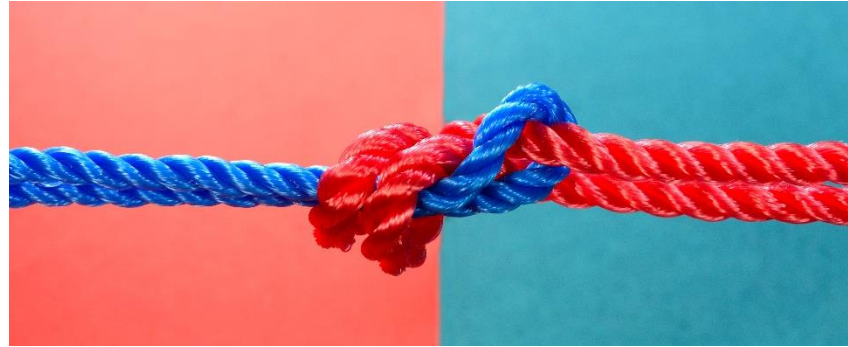
# WHAT IS THE GRIEF RESPONSE?

- Grief is a natural and human response to the loss of a loved one
- Grief experiences are unique to each individual, and can exist on a continuum\*
  - At one of the continuum is a **resilient response** - the mourner who is able to return to a balanced life after the loss
  - In the middle is a **distressed response** - the mourner who experiences moderate distress and over time, can adapt to the loss
  - At the other end of the continuum is a **maladaptive response**, the mourner who experiences profound, protracted and clinically concerning distress

\*Burke, L. A. & Neimeyer, R. A. (2012).



# RESILIENT BEREAVEMENT



- Research into the protective factors for adaptive bereavement is limited
- Some studies highlight these factors
  - Supportive peer networks
  - Access to early counseling once profound distress shows up

Burke, L.A., Neimeyer, R.A. (2012).

# MALADAPTIVE BEREAVEMENT



Some profoundly bereaved will experience higher rates of mental health disorders

- Post Traumatic Stress Disorder (34%)
- Major Depressive Disorder (30%)
- Prolonged Grief Disorder (20%)

Rheingold AA, Williams JL, Bottomley JS (2024).

# RISK FACTORS FOR MALADAPTIVE BEREAVEMENT IN FAMILIES OF THE FALLEN

There are several, knowable factors which may place someone at higher risk for mental health concerns after a death

- Sudden, unanticipated death
- Death after a long illness
- Death of a child
- Age of deceased
- Troubled premorbid relationship
- Ambiguity of loss
- Multiple deaths
- Nature of death – violent, suicide, homicide, war
- Perceived quality of the dying experience
- Perceived preventability, randomness
- Pre-existing mental health issues
- Lack of social supports
- Nature of the loss can impact access to services
- Isolation within the community (e.g., suicide versus combat death)

# TREATMENT CONSIDERATIONS

# CHALLENGES TO CLINICAL TREATMENT

- Logistical challenges
- Clinical barriers



# SUGGESTIONS FOR PROVIDERS



- Recognize the different types of sacrifices and losses among military families
- Assess for both risk and resilience factors
- Be aware of important terminology
- Consider referral opportunities to military providers and peer supports

# RESOURCES

## Clinical

- Home Base and Warrior Care Network
- Vet Center
- National Child Traumatic Stress Network
- Columbia University Center for Prolonged Grief
- Cohen Veterans Network

## Peer Support & Referrals

- Tragedy Assistance Program for Survivors (Nationwide)
- Massachusetts Military Heroes Fund at Home Base (MA only)
- Military Branch Survivor Liaisons
  - Army Survivor Outreach Services
  - Navy Gold Star Program
  - Air Force Families Forever
  - Marine Corps Long Term Assistance
  - Coast Guard Gold Star Support
- Military One Source

Their Mission Is Complete.  
Ours Has Just Begun.



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