

Silent Enemy

by Samuel A Miller

The joy of being reunited with a spouse, parent or child who has returned from active duty is often tempered by the realization that the returning individual is remarkably different from the one who left a short while ago.

Trauma and stress are words often seen in today's media to describe difficult situations in our day to day lives. The effect of that trauma, however, is a very personal thing. What is of little or no significance to one individual can traumatize another. Our personal beliefs, life experiences and personality traits are all mitigating factors in interpreting the threat of a situation or event.

Universal among those experiencing the dark clouds of such trauma is the intense fear, horror – and often feelings of overwhelming helplessness.

Those of us without military experience may find it difficult to understand the intense and often traumatic situations our soldiers face as they defend the values that this country represents – and the high price they and their families sometimes pay. However, it is gratifying to acknowledge the dedicated and sustained effort and research that is being done in support of the men and women of the Canadian Armed Forces.

Coping with the aftermath of war is an ongoing challenge for soldiers and their families. Veterans Affairs Canada refers to any persistent psychological difficulty caused by operational duties performed by our soldiers, as an operational stress injury (OSI). This term covers a wide range of problems such as depression, anxiety disorders, and post traumatic stress disorder (PTSD). The severity of the symptoms, and the effect of the injuries, will vary according to individual and experience. For members of the military, the injury may occur during combat, after serving in a war zone, or after some other traumatic event that may not be combat related.

The most frequently publicized of these injuries, in recent years, is Post Traumatic Stress Disorder (PTSD). What is it? It is a psychological response to intense traumatic events. For example, traumatic events specific to combat include, but are not limited to: threat of death; serious injury; handling or viewing of bodies; death or serious injury to a colleague or even family member; exposure to illness or toxic agents; or possibly an action or inaction that results in the death or serious injury of others. PTSD knows neither cultural nor age boundaries.

Although the term Post Traumatic Stress is relatively new, the illness has been known to exist since the time of ancient Greece. World War One veterans were diagnosed as suffering from “shell shock” while the terminology used for Second World War soldiers was “war neurosis.” It was in reference to Vietnam Veterans where PTSD was first mentioned.

The stress brought on by trauma is part of what therapists see as a normal response to an abnormal situation. It is estimated that in Canada up to 10% of war zone Veterans will experience some form of PTSD, while others may experience varying degrees of one or more symptoms associated with the illness. Most people who suffer trauma related symptoms will see those symptoms reduce or disappear completely in a matter of months – this often happens with strong support from caring friends and family. The minority of individuals who don't get over the symptoms quickly, may experience difficulty the rest of their lives. Symptoms of PTSD fluctuate in intensity over time.

The three main groupings of PTSD symptoms are; intrusive, avoidance, and arousal. *Intrusive* symptoms can include flashbacks, physical symptoms (such as increased heart rate), anxiety at any

reminder of the event, nightmares, or disturbing thoughts and images. *Avoidance* or numbing symptoms enable the individual to not have to face their fears. Common symptoms include memory gaps, feeling numb or ‘flat,’ loosing interest in normal routines, and feeling cut off from others. *Arousal* symptoms, such as sleep disturbances, anger and irritability, focus and concentration difficulties, hypersensitivity to signs of danger, or the startle response, occur because one's sense of safety or “it can't happen to me” has been shattered.

These symptoms can potentially affect relationships with family – both with intimate partners and children. These difficulties develop because many sufferers of PTSD experience considerable social anxiety. For instance, they often dislike loud busy places such as malls or social gatherings. Many sufferers also avoid family gatherings, causing uncomfortable circumstances for other family members. Children will also feel awkward when their parent(s) are not present on a regular basis, causing additional stress.

Anger is another challenge faced by survivors and their families. This emotion may be used to mask other difficulties such as fear and anxiety. Anger will affect communication and keep family members at a distance, which can be extremely damaging to an intimate partner relationship. Children and significant others may live in fear of the potentially explosive, and unpredictable individual. The numbness some develop to avoid the pain, leaves them emotionally unavailable to their families.

Parents are the lead players in meeting their children's needs, and in helping them manage the stress in their daily lives. It is all the more urgent and important for parents living within a PTSD family situation to be sensitive to the difficulties their children are experiencing.

What to Do

Be it the survivor or other family members, it is imperative that treatment be sought for PTSD or other Operational Stress Injuries. This treatment involves several steps, including: crisis stabilization and engagement; educational programs about PTSD and OSI; strategies to manage harmful symptoms; various modes of therapy (such as Cognitive or Trauma-focused); relapse prevention; and ongoing support.

It is also important to educate soldiers and their families and our communities – to adequately prepare them for potential psychological ravages of war. Pre-deployment, deployment, and post deployment programs serve that purpose.

What is Being Done

Continuous research initiatives and programs from Veterans Affairs Canada are in place, and continue to evolve, in the ongoing effort to treat and support the men and women of the Canadian Armed Forces, the RCMP, and their families.

According to Heather A. MacDonald, Media Relations Officer with Veterans Affairs Canada, a mental health initiative was jointly announced by Veterans Affairs and National Defence in 2002. This initia-

tive set about to enhance the services and supports provided to Veterans, CF members and eligible RCMP who suffer from OSIs, including PTSD, as a result of their service.

This strategy is comprehensive, stressing promotion, early intervention, treatment, rehabilitation and ongoing care. The goal of this initiative is to provide specialized care across the country to clients with mental health conditions associated with the psychological trauma related to military service and police activity.

To this end, Operational Stress Injury Clinics, as well as the National Center for Operational Stress Injuries, have been established across the country. These clinics provide support and treatment through a multidisciplinary team of health care professionals.

The Operational Stress Injury Social Support (OSISS) program has also been established. It provides confidential peer and social support to Canadian Forces personnel, veterans, and their families. The federal government's 2007 Budget provided \$9M in funding to double the number of OSI clinics from 5 to 10. The Budget also committed \$1M to extend help to families coping with someone with an operational stress injury. This program is available throughout Canada.

The National Center for Operational Stress Injuries is actively involved in developing research capacity, and supporting research projects within a network of outpatient OSI clinics funded by Veterans Affairs Canada. The clinics are university affiliated and have a designated research coordinator that conduct research and develop partnerships to ensure that the services within the clinics are influenced by the most recent knowledge in the domain of treating OSIs. Current research projects include applications of telemental health services and descriptive studies of clientele served. The VAC research directorate, in collaboration with the network of OSI clinics, has recently submitted a grant application to the Canadian Institute of Health Research for a team-building grant that will allow the network to further investigate return-to-work challenges for veterans with mental health conditions.

I have briefly touched on many aspects of this "silent" or "hidden" enemy, much more information exists to further help understand the complexities of trauma, treatment, and the management of Operational Stress Injuries.

If you, or someone you love, seems to be weathering these personal storms and suffering some of these symptoms, there are options available to you.

• 24-hour Crisis Help Line

This Veterans Affairs Canada (VAC) Assistance Service provides former CF members, former RCMP members, war Veterans – and their families – with access to short-term professional counselling services. If urgent support is needed, face-to-face counselling can be arranged with a professional counsellor in the individual's community. The VAC Assistance Service can be accessed 24 hours a day by calling 1-800-268-7708 or TDD 1-800-567-5803.

• Peer Support Network

As mentioned, the Operational Stress Injury Social Support (OSISS) program has also been established. Trained peer support coordinators, who themselves have previously been injured by operational stress, offer support by listening to those who are suffering, drawing on similar experiences, and providing guidance on resources available through DND, VAC and their own community. Family Support Coordinators are also available.



Dr. Norman Shields, a Research and Psychology Consultant, confers with Lucie Latreille, a Mental Health Nurse.

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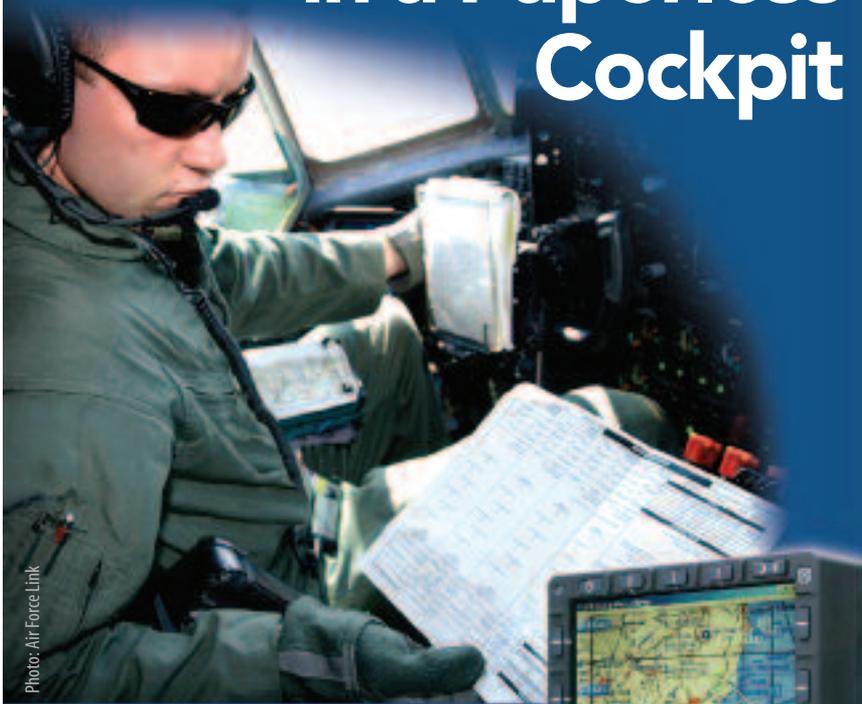


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If you are a CF member, Veteran, or family member affected by an operational stress injury, visit the OSISS website at www.osiss.ca or call 1-800-883-6094 for confidential peer support.

There are currently six Operational Stress Injury Clinics in operation (Montreal, Quebec City, London, Winnipeg, Calgary and newly opened Fredericton). An additional four will be opening in Ottawa, Edmonton, Vancouver, and a location to-be-announced. The clinics bring together a team of highly trained health professionals including psychiatrists, psychologists, social workers, nurses and other specialists (as required) – to provide assessment, group therapy, education therapy, individual therapy, spiritual and pastoral support.

The clinics complement the Department of National Defence's Operational Trauma and Stress Support Centres which are located in Halifax, Valcartier, Ottawa, Edmonton and Esquimalt. Primarily, the clinics look after Veterans (and families) and the DND Centres look after CF members, although they are able to help each other's clients where there is need

According to Kelly Murphy, National Mental Health Consultant Mental Health Policy Directorate Veterans Affairs Canada, new clinical care management services are helping clients who have chronic and complex mental health needs; this is a support to the case management service provided by VAC's Area Counsellors when required.

Veterans Affairs Canada also has an arrangement with Specialty Clinics that can provide treatment for comorbidity such as PTSD and Addictions.

The National Clinical Centre of Expertise, located at the Ste. Anne's Hospital (near Montréal), is working to increase the knowledge of health professionals and to ensure consistent care management of clients with psychological injuries. **FL**

For general information on Veterans' benefits, or to access the clinics, contact Veterans Affairs Canada at: 1-866-522-2122.

Samuel A. Miller is a therapist with extensive experience in the area of Trauma Response and Treatment. He has worked with many organizations and corporations in managing work related traumatic events. A consultant based in Toronto, Mr. Miller can be reached at 416 455-1684 or via e-mail at samuel.miller2@gmail.com