

# Signs of OPERATIONAL STRESS INJURY (OSI) and the FAMILY



In every day life, as in any military operation, an efficient communication system is essential in order to succeed. If you're the only one that "doesn't have the right step" in the parade, and someone lets you know, only you can change it, so act quickly!

*Ghyslain Morin*

I would like to thank everyone at the Valcartier Family Centre as well as all the others who contributed to this guide with their precious input.

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# A word from Mrs Élisabeth Dallaire



Leafing through the pages of this excellent guide for helping the families of Canadian Forces' members affected by operational stress injuries, I could not help but think about the suffering and sacrifices that many families still endure,

even if the guns have fallen silent and the troops are licking their wounds at home.

How often have the spouse and adolescent children of a military member felt isolated, lonely, and even ashamed of their family situation when the soldier has another fit of anger or distress, or has the blues for no apparent reason? Who do they ask for help? How can they regain a certain standard in their family life and love in the home when the climate is so tense and painful? The soldier's reactions can be unpredictable, and it's hard to know whether the children will be safe from possible abuse, not to mention the spouse.

For too long, families have also been the victims of these dangerous and demanding missions abroad. How many times have they been forgotten, even abandoned? It took too long for the Canadian Forces and Veterans Affairs to realize that the wounds of a spouse in the military have a direct and immediate—and potentially devastating—effect on the other family members. A family that already finds itself living without the military member, also has the daily stress of not knowing if something terrible has happened to their deployed loved one.

This guide is a gem, and an essential reference tool for the families with a member suffering from an operational stress injury, whether they realize it or not. These pages are not a jumble of clichés. Instead, they contain information, clear instructions, and advice. Everything is explained in such a straight-forward way that I recommend that even teenagers read this booklet and keep it in their bags to refer to.

People who have suffered from operational stress injuries need your support, your respect, your attention, and your love, even if they try to avoid it. It's not them speaking or acting out. Rather, it's a symptom of their mental and brain injury. It takes attention as well as a recovery period and help with reintegration, but what matters most is a caring and understanding family. This guide will contribute to a better understanding of the situation and measures being taken for the good of the family and the injured soldier. The suffering and sacrifices will not disappear overnight, but this will help families endure the stress of the situation, make the atmosphere at home a little more bearable, and help them see the direct, positive effects on the injured spouse.

Congratulations again to the team at the Centre. If only we had learned these lessons well in advance. But what matters now is that we remember them in the future.

# Introduction

Given the current context of missions (Afghanistan, Haiti, Bosnia, domestic operations, etc.) and the heightened operational tempo, it is clear that CF members and their families face many sources of stress.

When returning from a military operation, a CF member may show no reaction to stress or may have what are considered normal adaptive reactions. For some people, signs of operational stress injury are only temporary, while for others they become permanent.

It is not uncommon for the person affected to be the last to notice that something has changed. It is often family members who detect changes in behaviour and attitude and encourage the CF member to seek help.

- Are you wondering about a CF member's change in behaviour since their return from a military operation?
- Are you wondering about the signs of an operational stress injury (OSI)?
- Are you wondering how to limit the impact on the family?

This guide is intended for various family members (CF member, spouse, parents, etc) and friends and provides some answers to frequently asked questions. For more information, please do not hesitate to use the available resources.

# Understanding the Signs of an OSI

## WHAT IS OPERATIONAL STRESS?

Operational stress is intense and unrelenting stress experienced in a theatre of operations or on exercises, common to all participants (source: Valcartier Health Centre, Operational Stress Injury Management Group (OSIG 2010). Examples: build-up of daily frustrations, conflict with a colleague, long separation from family and friends, family difficulties, long hours and heightened work pace, adjustment to living in a community setting, change in culture, climate, diet, etc.

## WHAT IS A TRAUMATIC EVENT OR CRITICAL INCIDENT?

A traumatic event involves the following two elements:

The person has been confronted with death or the fear of death or has sustained serious injuries or has experienced his/her or another person's physical integrity being threatened.

The event has caused intense fear or a feeling of powerlessness or horror.

*(Source: I Trauma)*



## POSSIBLE REACTIONS TO A POTENTIAL THREAT

Imagine that you are taking a walk and a barking dog runs towards you.  
Have you ever been bitten?  
Could this be a potential threat?  
How will you react? Are you going to run, attack or stand still?  
Is it really possible to control and anticipate your reaction?  
If the dog bites you, what will happen the next time you are near a dog?

In a stressful situation, a response may be immediate (automatic and physiological reaction such as accelerated heartbeat) or more measured based on reflection.

When faced with a threat, there are essentially three defence reactions: FIGHT, FLIGHT, FREEZE.

For some, running away (flight) or standing still (freeze) is interpreted as a form of cowardice or weakness. But it is important to understand that it is a defence mechanism, activated by the brain, that occurs immediately and instinctively.

## WHAT IS AN OPERATIONAL STRESS INJURY (OSI)?

The definition of an OSI is “any persistent psychological and biological difficulty that can be attributed to functions carried out by a Canadian Forces' member as part of an operation. The expression is used to describe an entire range of disorders that generally result in a diminished ability to cope.”

Source: OSISS (2006). *What are operational stress injuries?* From the Web site [osiss.ca](http://osiss.ca).

## FOUR POSSIBLE SOURCES OF AN OPERATIONAL STRESS INJURY



Being exposed to operational stress or being involved in a critical incident does not necessarily lead to an operational stress injury (OSI).

Not all CF members with common coping behaviours or an “adjustment disorder” necessarily develop an OSI.

OSI does not automatically mean Post-Traumatic Stress Disorder (PTSD).

## A FEW POSSIBLE SIGNS OF AN OPERATIONAL STRESS INJURY

- Fatigue/sleep disturbances (trouble falling asleep, nightmares, restless sleep, excessive sweating at night).
- Mood changes/irritability (short fuse)/growing inflexible attitude.
- Frustration with failure/Frustration with incompetence of others.
- Difficulty managing stress.
- Difficulty concentrating/memory loss.
- Difficulty communicating (withdraws/speaks in the form of orders/finds it hard to be told to do something).
- Difficulty with emotional connections and fluctuating emotions, which can affect intimacy (difficulty experiencing feelings, difficulty hugging children, change in sexual habits, etc.).

- Feels that he/she was not up to the task/feels guilt regarding the events that occurred on a mission or in relation to his/her family.
- Change in core beliefs (example: the world is unsafe).
- Greater threat sensitivity/feeling of vulnerability/putting safety plans in place (moves constantly so as not to be a target, walks on escalators, looks everywhere upon arriving in a new place, etc.).
- Flashbacks, repetitive memories (images, sounds, smells).
- Jumpy and shows hypervigilance (carries around an object for self-defence, is startled by such things as the sound of a door slamming, etc.).
- Adrenaline-seeking (seeks thrills in action movies, video games, extreme sports, etc.).
- Hyperactivity (finds it hard to be doing nothing, all repairs are urgent, exhausts him/herself in order to be able to sleep, etc.).
- Risky driving (drives in the middle of the road, accelerates at intersections, tailgates, impatience behind the wheel, road rage, etc.).
- Avoidance behaviours (avoids crowds, hates waiting in line, avoids conversations or movies associated with his/her memories, etc.).
- Loss of interest in activities/"I don't care" attitude.
- Sense of hopelessness and sense of shame.
- Excessive use of alcohol or other substances/gambling addiction (to relax, get to sleep, manage difficult memories).
- Signs of anxiety and depression/dark thoughts.

## WHEN TO BE CONCERNED?

### TRANSITION SCALE AFTER RETURNING FROM A MISSION



Return   Normal transition   Difficult transition   Risk of OSI  
More than 5 to 7 months

### QUESTIONS TO ASK TO EVALUATE A TRANSITION

- How was he before the predeployment training?
- Is it decreasing?
- Is it increasing?
- Is it persistent?
- Does it interfere with his daily life?  
(Family, social, conjugal, and work?)



SIGNS AND IMPACTS MAY VARY FROM ONE PERSON TO THE OTHER.

- Signs may be temporary, fluctuate and decrease over time (please refer to the mental health continuum in the annex).
- Signs of an OSI can resemble the common coping behaviours in the first months following an operation, as well as those of PTSD to varying degrees.

It is obvious that the CF member and their family need a transition and normal adjustment period on returning from an operation (about 5 to 7 months).

- Returning to multiple roles (personal, marital, family, professional and social life).
- Readjustment to a different reality and pace of life than what they were used to for several months.
- Learning that their survival behaviours are no longer appropriate or necessary.

## IF YOU NOTICE ANY OF THE FOLLOWING

- Signs last more than 5 to 7 months or intensify.
- Signs get better for a while, then become worse.
- The CF member is less functional in one or more areas of their life (family, work, etc.).
- The CF member shows disturbing signs (severe mood swings, alcohol abuse, symptoms of depression, signs of distress, impulsiveness, violence).

*Do not hesitate to use the various available resources to seek help.*

## FACTORS THAT MAY AFFECT RECOVERY

- Time between the injury and the request for help.
- CF member's degree of involvement in their treatment.
- Social network support.
- Life history prior to the injury / resilience.
- Accumulation of additional sources of stress.
- These factors vary from person to person.

Unlike a physical injury, signs of an OSI are invisible wounds to the person themselves and those around them.

The CF member is not always aware of their behaviour. It is sometimes through the comments of the people who are part of their social network that they become aware.

The intensity of the emotions shown by the CF member do not necessarily reflect reality. They may actually be more temporary impacts of OSI signs.

The CF member may be able to carry out their professional duties or function in other areas of their life.

Violence is never acceptable.

## IS IT POSSIBLE THAT EVERYTHING WILL GO BACK TO THE WAY IT WAS BEFORE?

- We are all influenced in some way by each life experience.
- Like a physical injury, a psychological injury can leave scars.
- It is possible to learn to manage the signs of the OSI so as to function better day to day and find a balance in life.

# Impact on the Family and Family Adjustment

- Some families experience few changes in their lifestyle. For others, signs of the OSI may have an impact on the family's day-to-day life.
- Each family member may react differently, especially when communication is difficult.

## POSSIBLE REACTIONS OF FAMILY MEMBERS

- Asking themselves many questions (How can I help? How can I get help for them without harming their career? What is and isn't acceptable? etc.).
- Asking the CF member many questions in an effort to understand.
- Protecting themselves by blaming the other (e.g., "It's his fault if...").
- Not always understanding the CF member's reactions, which may seem excessive. Feeling as though they are walking on eggshells.
- No longer recognizing the CF member/fear that the behaviours will become chronic.
- Wishing that everything could go back to the way it was before.
- Excusing the behaviours by saying that they are normal after a deployment, that the person is ill.
- Acting as a buffer to limit the impact of the signs of the OSI (particularly on children).

- Taking on all the person's day-to-day responsibilities (parental responsibilities, managing daily affairs, acting as the CF member's caregiver, etc.).
- Feeling discouraged, overwhelmed by events, worn out.
- Becoming irritated at how much daily life has changed (CF member forgetting grocery list, not participating in household tasks and family activities, etc.).
- Feeling of unfairness (e.g., "I don't deserve this.)/Feel that everything is focused on what the CF member is going through and on the signs of the OSI.
- Feeling frustrated because they have the impression that they have to "sacrifice themselves again" for the other person. Feeling rejected/unloved.
- Experiencing anger toward the CF member and the Army.
- Feeling guilty about experiencing joy and pleasure.
- Isolating themselves and feeling that they are not understood by the CF member or other people around them./Having the impression that they are the only ones going through this situation.
- Feeling insecure about the future.
- Feeling stressed out and anxious.
- Feeling that they lack the resources to help the CF member and are powerless to do so. Hoping that the CF member will seek help.

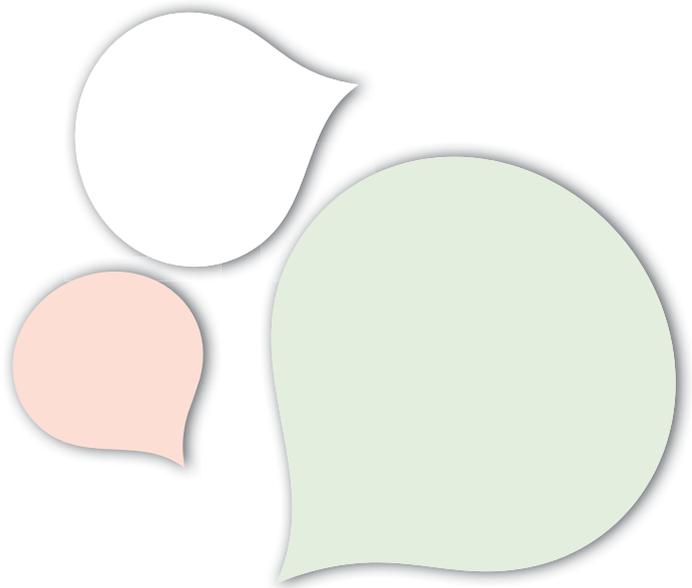
- The family is a team.
- Despite the signs of the OSI, pleasant moments and feelings can still be experienced.
- We can decide for ourselves, but not for others. The person with the OSI must take on certain responsibilities, such as seeking the help of a mental health professional.
- Before asking the CF member about their operational experience, ask yourself if you are ready to hear all he might say.

## STRATEGIES THAT MAY HELP THE FAMILY

- Accept that life is not the way it was before, and adapt to what is now a new normal. It's possible that the signs are temporary and fluctuating, and that there will be positive changes in the long run.
- Recognize that each family member has a different and equally important reality. Don't trivialize the reality of the other person or judge him or her.
- Respect each person's pace. There may be times when you want to be alone.
- Recognize and acknowledge the progress and efforts. Focus on the positive. Avoid blaming others.
- Show your love in words and through gestures.
- Identify your personal needs and those of other family members. Communicate them and find ways to meet them.
- Share your feelings without feeling the need to change them. Comfort others, but don't make false promises.

- Talk about what isn't working along the way, so that tension doesn't build.
- Together, find ways to manage conflict and frustration. The solution must be a solution for everyone (e.g., what concessions are you prepared to make, and what secondary benefits are you hoping for?).
- Accept that you don't always have a solution. Being there for the other person doesn't necessarily mean helping him or her get better; it simply means being present, listening and being available.
- Laugh and give yourself permission to talk about other things.
- Give yourself permission to enjoy day-to-day pleasures (alone, as a couple, as a family), engage in fun activities and give yourself permission to do nothing. The quality of the moment is often more important than how long the activity lasts.
- Engage in the activities you enjoy (sports, going out with friends, etc.).
- Keep your expectations realistic/Focus on areas in your life in which you have control (taking time for yourself, seeking the help of a mental health professional, etc.).
- Apply practical solutions to simplify daily life (help with homework, cleaning service, etc.).
- Maintain personal hygiene and a balance in your life (diet, physical activities, sleep, etc.).
- Identify things that help you relax (e.g., deep breathing, Jacobson relaxation, etc. (see annex).
- Take a step back from your thoughts by talking to yourself (e.g., internal dialogue (see annex).

- Set short- and long-term goals for yourself (specific, measurable, achievable, realistic, and with timeframes). (see annex).
- Identify the people with whom you can talk about your reality.
- Ask your friends/family for support. Ask for help clearly and explain how those around you can help you (babysitting, etc.).
- Give yourself permission to seek professional help.



## FAMILY STRATEGIES THAT MAY HELP THE CF MEMBER

- Talk with the CF member about their involvement in day-to-day life. Encourage them to participate, while taking their abilities into account.
- Identify the triggers and communicate them to him/her (e.g., “I notice that you get impatient when the children are noisy”).
- Develop strategies together to avoid outbursts (e.g., use time-outs and withdraw to calm down (see annex).
- Agree to limit the duration and frequency of activities. Take stress-generating activities into account. Choose appropriate times and places for activities.
- Allow the CF member to focus on him/herself, in order to regain self-control in a stressful situation (e.g., take a step back from his/her thoughts).
- Address the person by his/her first name in order to bring him/her back to the here and now (moments of anxiety, flashbacks, etc.).
- Encourage the person to talk with someone they trust (colleague, friend, padre, etc.).
- Encourage the person to see a professional and support the person in their efforts and treatment.

## IF YOU HAVE CHILDREN

- Children's and adolescents' reactions, questions and emotions may be similar to those of other family members (have stopped inviting friends to the house, avoid staying home, decreased communication, isolation, etc.).
- Children with a parent showing signs of an OSI do not necessarily develop emotional or behavioural problems. Some children may ask for more attention or temporarily show signs of regression (toilet training, language, etc.).

Avoidance behaviours are defence mechanisms. They may become second nature to the CF member, and this can limit their activities and possibly those of the whole family (e.g., taking a DVD home instead of going to a movie theatre).

## WHY DISCUSS OSI SIGNS WITH YOUR CHILD?

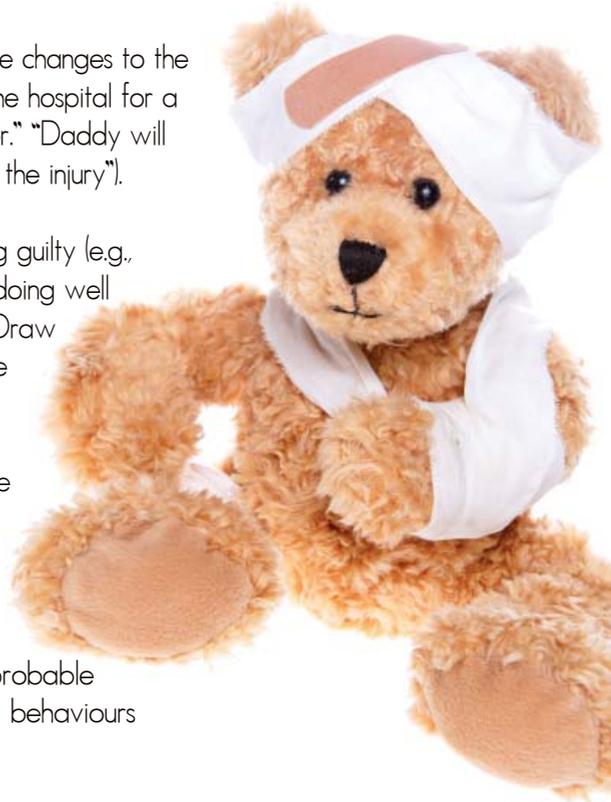
- Your child is a full-fledged member of the family. They will intuitively notice that the person they love has changed, will feel tension and will notice changes in family habits (angry outbursts, decreased family activities, etc.).
- By talking to your child, you are making it easier for them to understand and better manage the situation.
- When a child has doubts, they tend to make up their own stories, which may lead to increased insecurity or a feeling of guilt (it's my fault that daddy isn't doing well, it's because I'm bad that he isn't doing well, he doesn't love me any more, etc.).
- Some people may ask the child questions about their parent's behaviour. It is therefore important to give them the tools to deal with those questions. Furthermore, if the child learns through another person that their parent has signs of an OSI, they may feel left out.

## HOW TO DISCUSS AN OSI WITH YOUR CHILD

- Both parents should initiate the discussion together. Both should say the same thing. Remember that you are the best people to speak to your child about this.
- The earlier the better, regardless of the child's age. Talk to all of the children together.
- Tell the truth. Give the information the child needs in order to understand. Be brief.
- Use a vocabulary adapted to the child's age and use practical examples to facilitate understanding. Check to make sure the child understands.
- Be available to answer the child's questions. Avoid expressing your fears and adult interpretations.

# How to Explain OSI Signs to Your Child?

- Tell the child the name of the injury, its characteristics and the possible signs. Use drawings. Do online searches with them. Explain hard words.
- Explain the treatments to the child. Talk about possible changes to the family and routine (e.g., “Daddy will be sleeping at the hospital for a few days so that the doctors can help him feel better.” “Daddy will no longer be able to work in the military because of the injury”).
- Explain mood swings to prevent the child from feeling guilty (e.g., “It’s not your fault that your daddy is angry; he isn’t doing well because of his injury and it makes him less patient.”). Draw a distinction between inappropriate behaviour by the child and the parent’s mood swings.
- Remind your child that they are in no way responsible for the parent’s behaviour and that you—Mommy and Daddy—love them.
- Reassure them without promising that everything will go back to the way it was before. It is quite probable that even if the parent is doing better, certain OSI behaviours will show up from time to time.
- Encourage your child to share their emotions. Tell the child that their reactions are normal and that they are entitled to feel emotions, even anger, provided that they are expressed in a socially acceptable way.
- Tell them that there are adults who can help the parent.



## EXAMPLES OF WAYS TO EXPLAIN OSI SIGNS TO CHILDREN

- Daddy is sometimes not as patient because, when he's working with his military friends, they do what they're told without arguing. But with children, you sometimes have to repeat yourself, and that's normal. Daddy loves you a lot.
- When mommies and daddies get tired, sometimes they are less patient and need to rest, just like you. It's not your fault if Daddy got mad.
- Sometimes even adults get too angry. When Daddy is calmer, you can tell him that you think he got really angry and that that made you sad.
- Remember that time we were walking down the street and a big dog started barking and that scared you? Now, when you see a dog, you're scared that he will jump on you, and you avoid him. Your brain learned that dogs can be dangerous, and it can take time to relearn that not all dogs are bad. Daddy's brain has to relearn that something that was dangerous when he was on a mission isn't dangerous in Canada.
- When you have a cold, you may have a runny nose and a headache. You may not sleep well and you may not feel like playing with your friends. It's the same for Daddy. How he behaves (trouble sleeping, having moods and things like that) are signs of operational stress injury. Tell me what you understood.

A child will often express things through questions (They'd like daddy to be the way he was before, they're afraid, they'd like to know if it's their fault, they want to understand and be reassured, etc.)

The child will ask questions if they know that you will provide a clear, true, easy-to-understand answer, and that their questions won't further upset the parent.

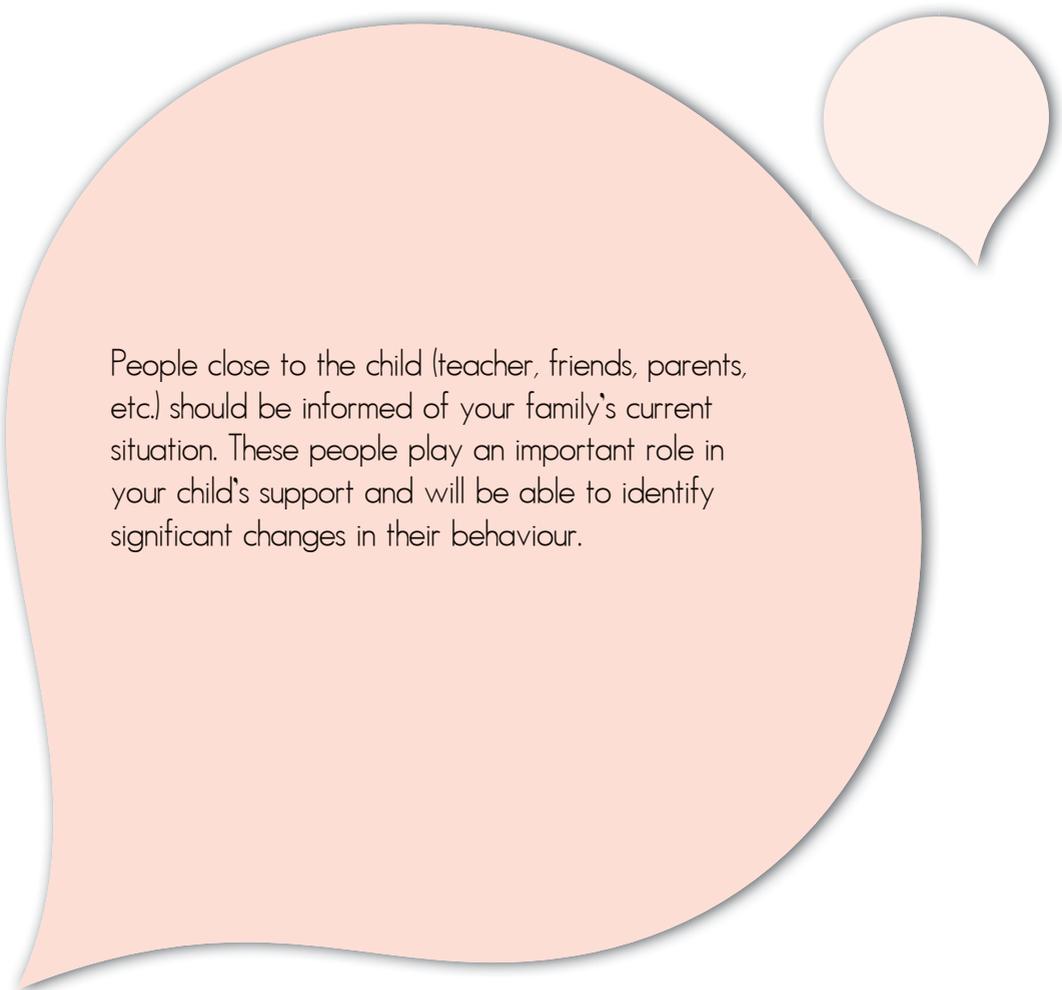
## SUGGESTIONS FOR ANSWERING CHILDREN'S QUESTIONS

- Speak honestly and simply. Don't be afraid to say "I don't know".
- Answer questions calmly and quickly, even when they are bothersome or asked more than once.
- Inquire about the child's question (e.g., "What do you want to know by asking me that question?") and their feelings in order to provide an accurate answer to the question without inserting adult interpretations. Asking the child what they think can be a way of knowing how far to go when providing explanations.

## STRATEGIES TO HELP LIMIT POSSIBLE IMPACTS OF OSI SIGNS ON CHILDREN

- Allow your child to have the joys and responsibilities of a child.
- Be consistent with discipline and routine. If you change the rules based on your mood, the child will not know how to act.
- Set the rules together (father and mother) and inform the child of them clearly (e.g., write the rules on a board for everyone to see).
- Respect the other parent's decisions. The person who imposed an excessive punishment is the best one to lift it.
- If you disagree with the other parent's decision, do not say so in front of the child.
- Emphasize good behaviour and encourage the child when they succeed (e.g., motivation board).
- Help the child to identify their feelings and find ways to manage them better. The child has a right to be angry, but there are acceptable ways to handle that anger (calming down in their room, listening to music, etc.) and unacceptable ways (breaking things, hurting others, etc.).
- Question the child's behaviour and not the child him/herself "You have a right to be angry, but your behaviour is unacceptable".
- Allow your child to sometimes take the lead and choose.

- Spend some fun time with your child. The quality of the time you spend with your child is more important than the quantity.
- Keep your commitments and promises as much as possible. To accomplish that, having realistic expectations is important (e.g., start by playing for five minutes together).
- Help the child identify people with whom they can talk about what is going on.



People close to the child (teacher, friends, parents, etc.) should be informed of your family's current situation. These people play an important role in your child's support and will be able to identify significant changes in their behaviour.

## SOME DAYS ARE MORE DIFFICULT

- If you become impatient, walk away and calm down (use the time-out method and don't try to make your point at all cost). Talk to your child when you are calmer. If necessary, apologize for your behaviour. Reassure your child by telling them that they are not responsible and that you love them.
- Plan solutions in advance in order to avoid outbursts and allow the child to burn off their energy.
- Avoid asking your child to change their behaviour if you are the one who is less patient that day. Recognize your limits and remember that they are just a child, with the behaviour of a child.
- Ask whether there are situations in which your child's basic needs and safety (physical and psychological) are not being met. Talk about this with your partner and try to find solutions together. If necessary, take steps to meet the child's needs and use the available resources.

There is no miracle recipe.

Each child is unique: what works for one doesn't always work for another.

Accept the fact that perfect parents do not exist; each person is doing their best.

## THE STORY OF THE OYSTER

Do you know how an oyster makes a pearl?

While on a long and wonderful journey at the bottom of the sea, a grain of sand enters an oyster's shell. Sometimes the grain causes the oyster some discomfort. At other times, the oyster is truly irritated, to the point of closing itself off in pain and hiding.

How could such a small grain of sand cause so much pain?

The oyster tries to ignore it and tries to get rid of it, but the grain of sand remains stuck. So the oyster begins to think, asking its friends from the sea for advice, and finally understands that it won't be able to get rid of the grain of sand.

The oyster wonders what to do. What would be the best way to adapt to the situation and benefit from it?

The oyster courageously decides to surround the grain of sand with mother-of-pearl, smooth it, polish it and make it iridescent. Over time, the tiny grain of sand becomes a magnificent, precious pearl admired by everyone. Since that day, our oyster has lived proudly at the bottom of the ocean and continued to take care of its pearl.

Why not change our difficulties into a precious pearl?

*Based on Boris Cyrulnik's allegory.*





# Resources available for the CF member and the family

## WHY ASK FOR HELP IMMEDIATELY?

- Prevents the situation from worsening and encourages a quick recovery.
- Facilitates adjustment to the new reality.
- Provides the CF member with tools to minimize the impacts on self, on family and at work.

## MILITARY RESOURCES

### VALCARTIER FAMILY CENTRE

Different services are offered: employment support, volunteer action and community organization, information and referral, daycare, child services, youth services, support for prolonged absences, prevention and intervention.

- The intervention service is a confidential service that provides counselling, and support through individual, couple and family counselling.
- A counsellor works with families in cooperation with the Integrated Personnel Support Centre (IPSC) team and offers confidential service: Needs assessment, occasional follow-up, referrals.

### The E=MC<sup>3</sup> GROUP

- Focuses on families with a member affected by an operational stress injury and with children aged 7 to 12.
- Is designed to help break the isolation, share and normalize each person's experience with other people going through the same situation as them.
- Is intended to help develop the strengths of each family member in order to improve individual and family well-being.



418 844-6060 / 1 877 844-6060

[familyforce.ca](http://familyforce.ca)

Write to us at: [info@crfmv.com](mailto:info@crfmv.com)

## OPERATIONAL STRESS INJURY SOCIAL SUPPORT (OSISS)

Peer support service to help spouses and CF members through individual sessions and support groups. 1 800 883-6094. [osiss.ca](http://osiss.ca)

## CANADIAN FORCES MEMBER ASSISTANCE PROGRAM (CF MAP)

Confidential counseling service to help CF members and their immediate family (parents, spouse, children). The short-term counseling is free and offered by a professional in your area. 1 800 268-7708

## CHAPLAIN SERVICE

Offers CF members and their families spiritual, religious, moral, and ethical support. Confidential service. 418 844-5000, ext. 5473  
Chaplain on duty: evenings and weekends 418 844-5000, ext. 5777

## HEALTH PROMOTION

Various free workshops are offered for CF members and their families (stress management, managing angry moments, basic relationship training, weight wellness, etc.). 418 844-5000, ext. 4677

## VALCARTIER HEALTH SERVICES

For the CF member: social workers, psychologists, psychiatrists, mental health nurses and addiction counsellors. Several groups are also offered (operational stress injury management, sleep management, management of emotions, drug addiction program, etc.). 418 844-5000, ext. 5802

- Medical follow-up: through the service provision unit (SPU).

## HEALTH INSURANCE FOR PUBLIC SERVANTS

Reimbursement of private professional health care services according to the program offered to CF members and their families.

### INTEGRATED PERSONNEL SUPPORT CENTRE (IPSC)

Offers CF members administrative support and an accompaniment during their recovery, their rehabilitation, their reintegration to the service or their transition to civilian life. 418 844-5000, ext. 8282, option 1

### YOUTH OF PARENTS EXPERIENCING TRAUMA (YPET)

For youth ages 12 to 18. Program that offers information and tools to youth to help them deal with their family situation. OSI Clinic: 418 657-3696

### OSI CLINIC

Operational Stress Injury Clinic, Veterans Affairs Canada. For the CF member being discharged or already discharged and their spouse. 418 657-3696

### DIRECTOR MILITARY SERVICES AND THE ROYAL OTTAWA HEALTH CARE GROUP

"The Mind's the Matter" A web-based, interactive video for Canadian Forces' Families who may be living with someone who has an Operational Stress Injury. [familyforce.ca](http://familyforce.ca)

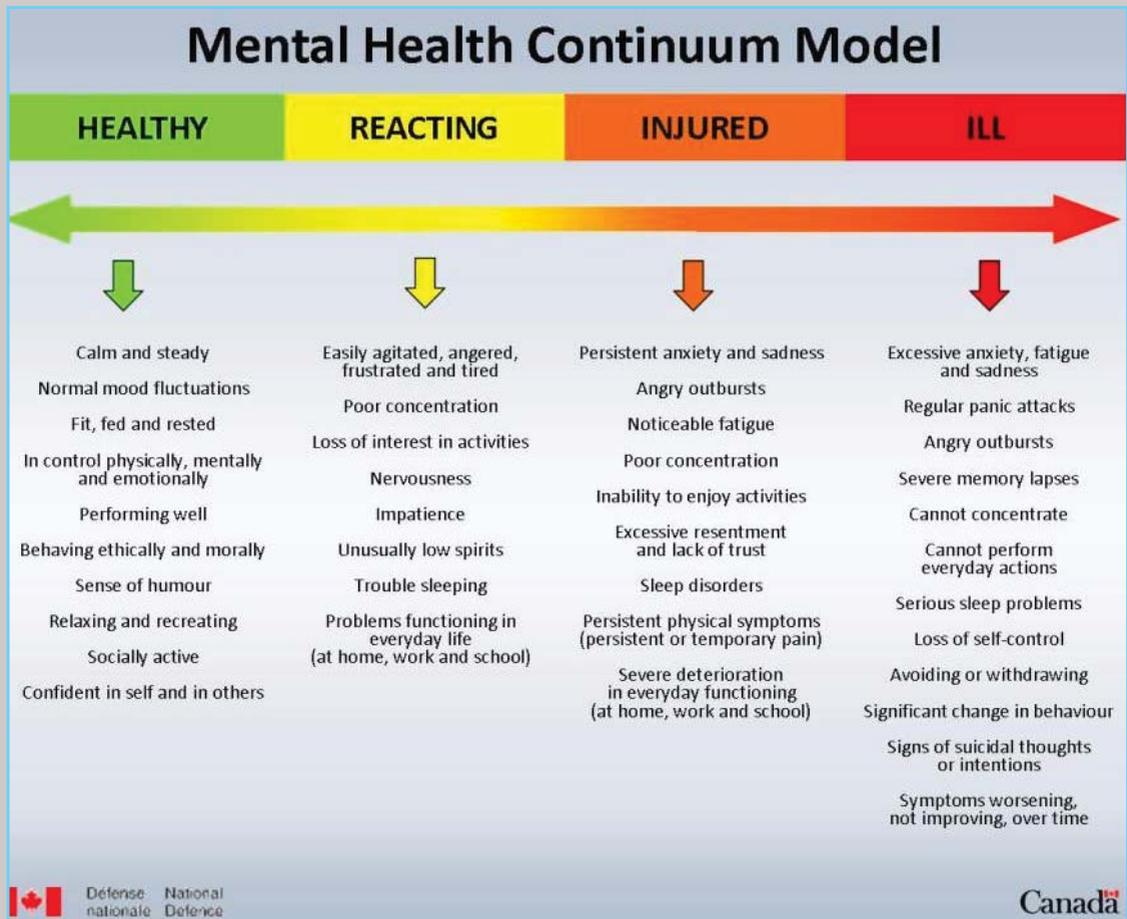
## EXTERNAL RESOURCES

- 911
- Quebec Crisis Centre: 418 688-4240
- Suicide Prevention Centre: 418 683-4588
- S.O.S. Domestic Violence: 1 800 363-9010
- Drugs, Help and Referral: 1 800 265-2626
- Gambling, Help and Referral, Compulsive Gamblers: 1 800 461-0140
- Parents' Line: 1 800 361-5085
- Tel-Jeunes: 1 800 263-2266
- Kids Help Phone: 1 800 668-6868

# Annexes

## MENTAL HEALTH CONTINUUM

This model may be used as a resource for the CF member and family members to identify where you stand and to take the necessary measures to return to the green area.



Source: Joint Speakers Bureau. (2009). *Be the Difference: Mental Health is Everyone's Responsibility*. Unpublished document. National Defence.

## EXAMPLES OF STRATEGIES TO HELP WITH ADJUSTMENT

### RELAXATION TECHNIQUES

#### Abdominal breathing/tactical

Place one hand on your stomach and the other on your chest. Inhale, expanding the abdomen. This will help lower your diaphragm and give your lungs space to fill up. Exhale, contracting your abdominal muscles. This will make your diaphragm rise toward your chest and help your lungs push out any remaining air. Breathe in slowly, counting “1... 2... 3... 4,” then breathe out as slowly as you breathed in (otherwise, you may feel dizzy).

#### Relaxation exercise inspired by the Jacobson Method

Find a quiet place and take the time to contract, then relax, the muscles in each part of your body, one after the other, for 10 seconds each. Begin by squeezing your eyes shut tightly, then relaxing them. Then move all the way down your body, ending with your toes.

### TIME OUT

- Beforehand, identify the physical signs, the behaviours and the emotions you experience when you find yourself in a situation that makes you uneasy or tense.
- Identify ways to help you calm down (e.g., go outside for a walk, breathe deeply, etc.).
- When you feel intensely angry and are on the verge of exploding, withdraw from the situation.

It is important to inform other family members that you are using the time-out technique. Ask them to respect this time and tell them you will come back to deal with the situation once you have calmed down.

## SET GOALS

Setting goals may be a source of motivation. It is important to establish some SMART short-term and long-term goals:

**S**pecific: Focus on your own behaviour.

**M**easurable: Define a way to measure your progress.

**A**ttainable: Set a realistic goal. It may be divided up into smaller goals. Consult the other family members so that everyone is pulling in the same direction.

**R**ealistic: Ask yourself, "Is this a need or wish?" Goals are something you want or would like—a kind of motivation.

**T**imeframe: Give yourself a deadline.

## INTERNAL DIALOGUE AND POSITIVE THOUGHTS

We frequently talk to ourselves in our heads. If those thoughts are negative (e.g., "I should have ..."), imagine how they can influence our actions and well-being. Using a positive internal dialogue will help you keep your spirits up.

## VISUALIZATION EXERCISE

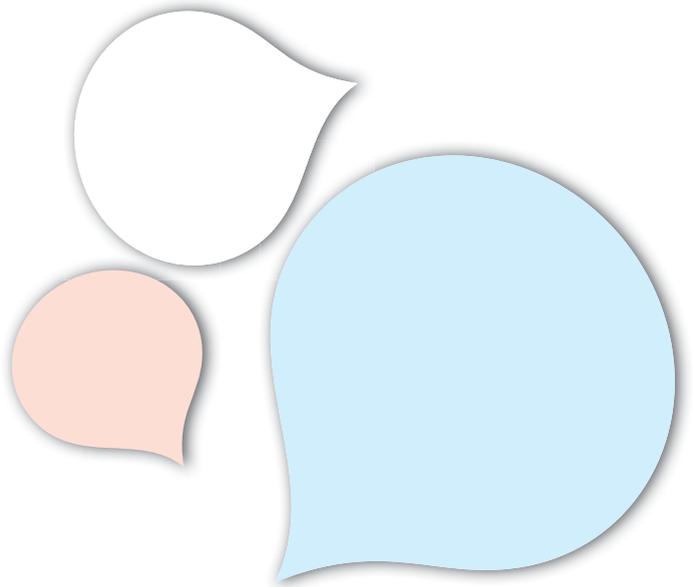
Before doing the exercise, take a few deep breaths, be aware of your body and close your eyes.

Imagine that you're in a very pleasant and very safe place (on the beach, by the lake, in a familiar room).

You can see yourself clearly in that space. Visualize the scene, hear the sounds, feel a sense of well-being and smell the aromas, with as much detail as possible.

Take a bit of time to appreciate being in that place, while breathing in and out, feeling calm, safe and comfortable through your breathing, and experiencing a wonderful feeling of well-being.

You can always return to that pleasant and protected place you have imagined, and concentrate on your slow, constant breathing to remain calm and comfortable.



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## BOOKS ON POST-TRAUMATIC STRESS

Brillon, P. (2006). *Se relever d'un traumatisme: Réapprendre à vivre et à faire confiance. Guide à l'intention des victimes (2e édition)*. Montréal: Les Éditions Quebecor.

## OTHER BOOKS

Allen Elking. *Gérer son stress pour les nuls*: Édition Sybex.

Burn David D. *Être bien dans sa peau*, Édition Héritage.

Evelyne Bissone Juefroy. *Quatre plaisirs par jour au minimum!* Edition petite bibliothèque PAYOT.

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