Canadian Mental Health Association
Saskatchewan
Mental health for all

Legion

Operational Stress Injury and PTSD:

What it is and How to Manage Trauma into Recovery

OSI-CAN

October 2017

"Our goal is to reduce stigma by educating everyone about Operational Stress Injury and improving the understanding of mental health"

-Julius Brown
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OSI-CAN

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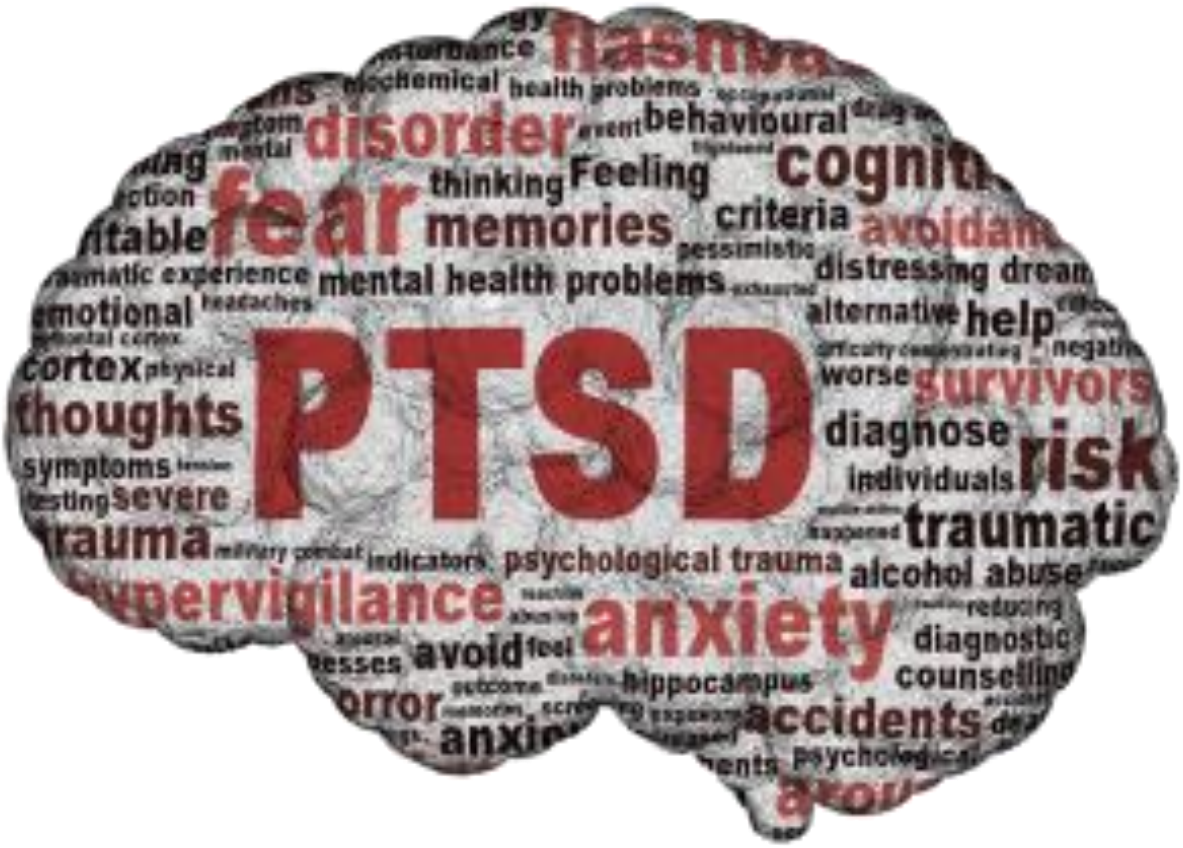
Warning:
There is a possibility of being triggered by some of the material in this document. If you are feeling unsafe or need help, in Saskatchewan, the Mobile Crisis line is (306) 757-0127. For more community resources, check out osican.ca.


PTSD
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Operational Stress Injury (OSI)

What is OSI?

Operational Stress Injury is...

"The term operational stress injury (OSI) is used to describe any persistent psychological difficulty resulting from operational duties performed." -Veterans Affairs Canada

"Operational Stress Injury is any persistent psychological difficulty resulting from operational duties:

Military:	**First Responders:**	**Other Uniformed Service Personnel:**
Canadian Armed Forces, Allied Armed Forces RCMP	Local Municipal Police Services, Fire Protection Services, EMS, Emergency Communication Specialists	Hospital Trauma Personnel, Corrections Officers and many more

Individuals experiencing high level of operational stress injury are at greater risk of suffering from depression, anxiety or post-traumatic stress disorder." –Canadian Mental Health Association, Ontario

Operational Stress Injury is often used as a non-medical term that is synonymous with Post Traumatic Stress Disorder (PTSD) but specific to traumatic events experienced in the line of duty, or while performing work-related tasks. *The Diagnostic Statistical Manual – Fifth Edition* (DSM-V) describes PTSD as follows:

A. The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, as follows:

1. Direct exposure
2. Witnessing, in person
3. Indirectly, by learning that a close relative or close friend was exposed to trauma. If the event involved actual or threatened death, it must have been violent or accidental.
4. Repeated or extreme indirect exposure to aversive details of the event(s), usually in the course of professional duties (e.g., first responders, collecting body parts; professionals repeatedly exposed to details of child abuse)."

The term, Operational Stress Injury, is sometimes expanded to describe job-related trauma beyond that of military or emergency personnel.

The reason that Operational Stress Injury (OSI) is a preferred term to Post Traumatic Stress Disorder is that the focus is on the idea that it is an acquired mental injury. The understanding is that it is something that happened to a person rather than a quality of perceived weakness or failure inherent in a person. Thinking of OSI as an injury that happened at work makes it comparable to acquired physical injuries that occur on the job and require time to heal, and are supported by compensation from the workplace or through the Worker's Compensation Board.

Signs & Symptoms

Please Note:

This is a list of some of the most common symptoms and behaviours that may occur because of Operational Stress Injury. Each experience of OSI is unique to the individual so not everyone experiences all of these symptoms and behaviours, and some people may experience symptoms and behaviours not listed here. Also, it is important to note that these symptoms and behaviours are described in plain language. This is not to imply that any of these experiences, themselves, are simple. The material presented here allows anyone who reads the list to identify, and put a name to, some of these experiences. Many

resources look into specific issues in a more complete way. Family doctors are a good resource as well as reputable internet sites (see the back of this material for some which others have found useful). Many people also find help through the OSI-CAN Peer Support Group or the OSI-CAN Spouse Support group near you to learn more and to hear from others with lived experience. If you do not have an OSI-CAN support group near you, there may be other peer support groups that can help you. Check with your local Canadian Mental Health Association or Royal Canadian Legion for information about these groups.

*If **you** are experiencing Operational Stress Injury, here are some things that you might notice:*

Hyper-vigilance:

This is the state of always being overly aware of your surroundings and the potential for danger. The world seems like an unsafe place and so there is always a feeling of being alert and ready for action.

Flashbacks:

A trigger in the environment, usually based on one of the senses, causes an instant re-living of an event that caused a trauma response. Flashbacks can be very vivid, as if it is happening again in front of your very eyes. Flashbacks can also be less vivid and more of an instant, emotional response. Either way, the memory becomes the focus of a person's thoughts which blocks what is happening in present time and space.

Panic Attacks:

Like flashbacks except that a trigger in the environment causes a physical response rather than a mental response. Panic attacks may be experienced as increased heart rate, difficulty breathing or shortness of breath, sweating, trembling or shaking. Panic attacks can both be caused by anxiety, and perpetuate anxiety because of the experienced symptoms. Anxiety then continues the cycle until it is broken through some sort of relief. Focus and breathing exercises, explained in the "Trauma Management" section of this resource, can be helpful tools for panic attacks. It is also important to remember to drink water after a panic attack as these symptoms may cause dehydration which can lead to further physical difficulty.

Nightmares:

These nightmares can come in many forms: a flashback to an event that caused a trauma response or scenarios that did not happen but represent an overwhelming feeling of powerlessness are the most common. Most people experience nightmares once in a while, but when a person is dealing with OSI, these nightmares become more regular and disrupt restful sleep.

Difficulty Sleeping:

The reason for this sleep difficulty can vary even though it is common among people who have experienced an event causing trauma. The reasons range from fear of the nightmares, an extension of hyper-vigilance where every noise triggers a fear response, or a recurring inability to fall asleep.

Difficulty Concentrating:

When a person is faced with an event that causes trauma, our bodies produce a burst of adrenaline and cortisol. This enables the "fight, flight, or freeze" response and allows for a person to protect themselves for a short time. Temporarily, extra blood and oxygen flows more to the muscles and less to the brain, to prepare the muscles to fight or run. When dealing with Operational Stress Injury, the state of hyper-vigilance and fear-response is set to go off more easily. Extra cortisol and adrenaline causes difficulty in using the brain for concentration, focus, and short-term memory.

Ambivalence:

We use our emotions to assess social interactions, relationships, events, and connections to people, places and things. After dealing with a traumatic event, a person's frame of reference changes. In an act of protection, when emotions are so overwhelmingly painful, the brain shuts down feelings and intuition. An aspect of Operational Stress Injury is that the brain is having difficulty turning emotional responses back on. A person experiencing this can feel hollow or empty, like it is difficult to care about people, things, or events that are important. While understanding the importance of these people, things, or events, the emotional feelings are missing. Without access to emotions, everything may seem to lack meaning.

Difficulty Engaging in Activities/ Isolation:

Difficulty in finding meaning, feelings of guilt, invasive flashbacks, and reduced concentration can create a sense of being out of control. One way that people with OSI tend to cope is to stay in a place that feels safe and is within one's control. Withdrawal is not necessarily a conscious thought, but rather sits somewhere in the background of thoughts, inducing a desire to stay isolated from people and not engage in activities. This can hinder healing and worsen OSI symptoms.

Guilt:

"I would have, could have, should have..." After experiencing an event that causes trauma, there is a lot of second guessing. Often, even though nothing could have been done differently, or there was no way to foresee what was going to happen, second-guessing seems like a productive way to protect one's self for "next time". Continual re-evaluation of the event is a natural pattern of thought that happens for protection. Once in the frame of mind to blame one's self for something as big as that event, it becomes easy to blame one's self for all of the symptoms and difficulties associated with OSI. This elicits the emotional and physical aspects of guilt and shame.

Anxiety:

Anxiety feels like "worry on steroids". Constantly thinking about the future with concern and the worst-case scenario in mind creates a constant thought-buzz of "what ifs". Anxiety can make it seem like every choice has potentially dangerous consequences; it can be difficult to decide what to eat or what to wear. "We should do lunch sometime" becomes difficult to process because there are too many undefined options and "Can we do lunch on Tuesday at that new restauraunt?" is much easier. This internal noise is often due to brain chemistry and, in the case of people with Operational Stress Injury, it is a chemical response to life events that is stuck. Anxiety often requires medical treatment in order to reduce the worry and recover daily activities.

Depression:

Depression feels like a state of continual mourning. It is normal and natural to feel loss and grief when dealing with the causes and symptoms of Operational Stress Injury. Like anxiety, this can also become a chemical response to life events that is stuck and becomes overwhelming. Depression often requires medical treatment in order to reduce that sense of grief to a manageable state and recover daily activities.

Suicide Ideation:

A natural survival instinct programmed in our brains allows us to protect ourselves from harm or death. During the course of experiencing a traumatic event or surviving the process of trauma, a number of chemicals are released and neurons become "rewired" so that the survival instinct is changed. This can cause dark thoughts, which can include imagining what the world would be like without you, wondering what your funeral might be like and who would attend, or specifically how or where a person might end their life. These thoughts can seem logical and rational when linked to feelings of depression, ambivalence or isolation, or may just pop into one's thoughts randomly. When they do, it seems like suicide is a viable option that has come from some logical thinking place. In reality, the ideation is an artifact of this rewiring that has altered the survival instinct. It is important, if you are experiencing suicide ideation, that you can recognize that this is not necessarily a thought that is true or logical, and that you get help immediately before you can do any harm to yourself.

In Saskatchewan, the Mobile Crisis line is (306) 757-0127.

*If **someone you care about** is experiencing Operational Stress Injury, here are some things that you might notice:*

Short-Tempered:

The person experiencing Operational Stress Injury may become argumentative. The continual stress of OSI means that the addition of small stressors can now elicit a big response. Think of it as a bucket of water, where the bucket is the limit of stress that it takes to become angry, and the water is the stress that a person is dealing with. A person that has OSI has a bucket that is already ¾ of the way full, so it takes less water to make the bucket overflow.

"Spaced Out":

Your friend, family member, co-worker, or neighbour with OSI might sometimes look as if they are completely dazed. It may look as if they are there in body only, but their mind has gone to another place. This is not entirely false. They may be experiencing a flashback that is as vivid and real to them as you are. It is a good idea, in these cases, to ensure that they are in a safe place. It is not a good idea to yell at them or become angry because they are not paying attention. They are dealing with something that is very real to them. It is also a good idea if you can help them realize where they are, that they are safe, and that you care about them. The person can choose whether or not to share about the difficulty that took their attention. Sometimes it helps to talk about it while at other times it causes further difficulty. It may help to let the person know that you will listen when or if they want to talk but leave no pressure for a current conversation.

Distant:

Sometimes, when a person is dealing with Operational Stress Injury, it may seem as if they put up a communication wall between you and them. People with OSI often find it hard to make connections or use emotions. They may be experiencing feelings of isolation or do not want to talk about what they are going through because it triggers them to re-experience the event(s) that caused their OSI.

Another aspect of this apparent distance might be that they don't seem to really listen to what people are saying to them. They might be having difficulty focusing on a conversation at the moment and, although they want to have a meaningful conversation, the words degenerate to random sounds that are not easily interpreted. Interrupted attention and swirling thoughts also create barriers to responding to a question or taking part in the conversation. Offering to listen when the person finds their words can remove the pressure to find the answer now.

Emotional Instability:

It may seem as though the person with OSI cries easier, has more frequent episodes of laughing until they cannot seem to stop or breathe through it, or becomes angrier at little things. In some cases, this may be an outlet for stress-energy that has been building up. Although this may seem socially inappropriate or unpredictable, it is actually healthy to release that tension once in a while. In this resource material, there are some ways that are given to release that built-up energy in a way that can be more routine-based and encourage emotional stability.

Low Motivation:

It may seem as though the person with Operational Stress Injury is reluctant to go out to do activities. This may include attending family gatherings, going out with friends, or going back to work after a break. The feelings of ambivalence, depression, anxiety, or isolation are part of their injury. This does not mean that they are lazy. Isolation, for too long, can cause further injury. It is not a good idea to pressure them into activities where they do not feel safe. To lend support it would be alright to ask, "How can I help you feel safe to do this?" Sometimes planning an exit strategy, like an excuse that means, "Leave immediately", can be helpful. Other things that may be helpful is determining the exits in a new restaurant, letting them choose where to sit so they feel protected, or reminding them that they are not alone and you want to help. If the person with OSI asks to be left alone, it may not be the right time for them to try new things. In this resource material there are also some de-stressing exercises that can help a person with OSI. One way to offer support might be to work through the exercises with them if they like, so they don't feel alone doing them.

Self-medicating Behaviours:

In some cases, people who have Operational Stress Injury find an escape from their trauma through alcohol or drug abuse, gambling, or risk-taking behaviours. Sometimes this is used as a way to feel something when their difficulty with emotions leaves them feeling empty; other times this is a way to do something that does not require a lot of concentration and focus that allows them to forget about their trauma for a moment. If a person you know is exhibiting these behaviours, it may be a good idea to encourage them, during a time when they are not engaged in these behaviours, to seek help to find healthy ways to deal with the effects of their stress and trauma. Distractions such as reading, television, computer games, sports, and fishing can provide a healthier "time out" from painful thoughts without adding new difficulties. It may be necessary to offer this encouragement repeatedly before the person is able to engage.

Violent Outbursts:

In some cases, people with OSI who used to be calm or relaxed, now exhibit violent behaviours. These behaviours may be directed at objects, such as punching walls or smashing things, or they may be directed at people. This does not mean that the person with OSI is an inherently violent person, it is indicative of them dealing with the issues that are involved with having OSI. If the person is being violent towards people, it is important to get them help and to ensure your own safety, and the safety of others that may be affected by this behaviour. If you are affected by a person with OSI's violent behaviours, or know that others are being affected by it, get help immediately.

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Stigma

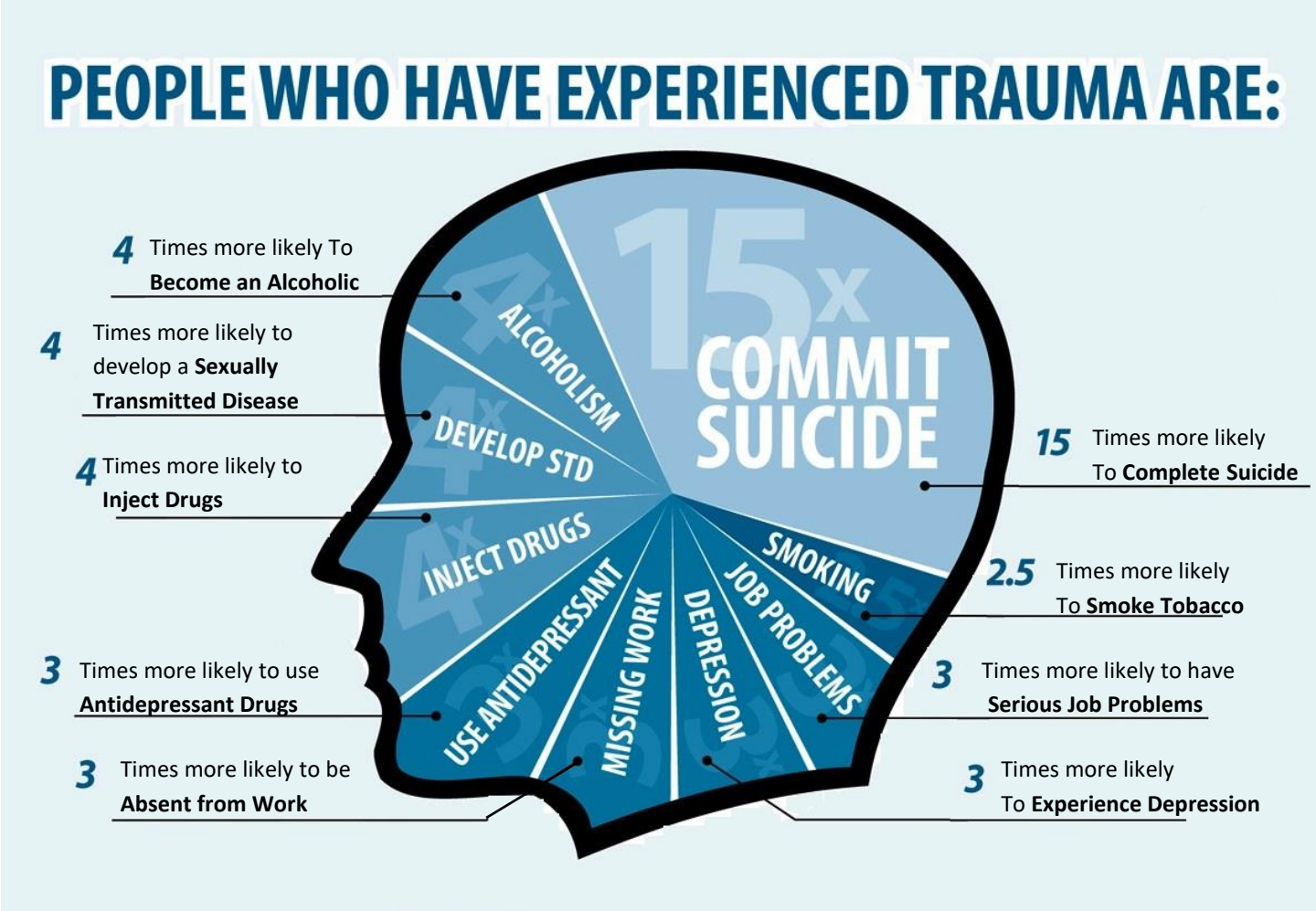
Stigma is defined as a set of negative and often unfair beliefs that a society or group of people have about something.

When dealing with Operational Stress Injury, there are many layers of stigma involved.

1. Stigma of mental health issues. There are many negative beliefs about mental illness or mental health issues in general. People have turned historical terms used to describe people with mental health issues into insults or ways to describe anything undesirable (such as "insane" or "crazy"). This is a long-standing stigma which many advocates have been working hard to undo. Mental wellness is a state that should be a concern to everyone as much as physical wellness.

2. Workplace culture. In many of the workplaces that expose workers to the potential for acquiring OSI, there is also a belief that if a person does end up with an Operational Stress Injury, it implies that the person couldn't handle the job or is somehow weak. This is not the case. Brains are designed to respond to certain types of situations in certain ways and while traumatic events may affect people differently, or it may take different amounts of traumatic events to have an effect; everyone can be susceptible to such an injury, just like everyone can be susceptible to breaking an arm or some other physical health comparison. A healthy workplace culture would place importance on psychological safety procedures and an acceptance of taking breaks when they are needed without judgment.

3. Self-stigma. Self-stigma occurs when a person has bought into the negative beliefs about Operational Stress Injury, and then incorporates those beliefs to describe themselves, or internalizes them through shame and blame. This further complicates the symptoms of OSI.


PEOPLE WHO HAVE EXPERIENCED TRAUMA ARE:
4 Times more likely To Become an Alcoholic
4 Times more likely to develop a Sexually Transmitted Disease
4 Times more likely to Inject Drugs
3 Times more likely to use Antidepressant Drugs
3 Times more likely to be Absent from Work
15 Times more likely To Complete Suicide
2.5 Times more likely To Smoke Tobacco
3 Times more likely to have Serious Job Problems
3 Times more likely To Experience Depression
ALCOHOLISM
DEVELOP STD
INJECT DRUGS
USE ANTIDEPRESSANT
MISSING WORK
DEPRESSION
JOB PROBLEMS
SMOKING
COMMIT SUICIDE

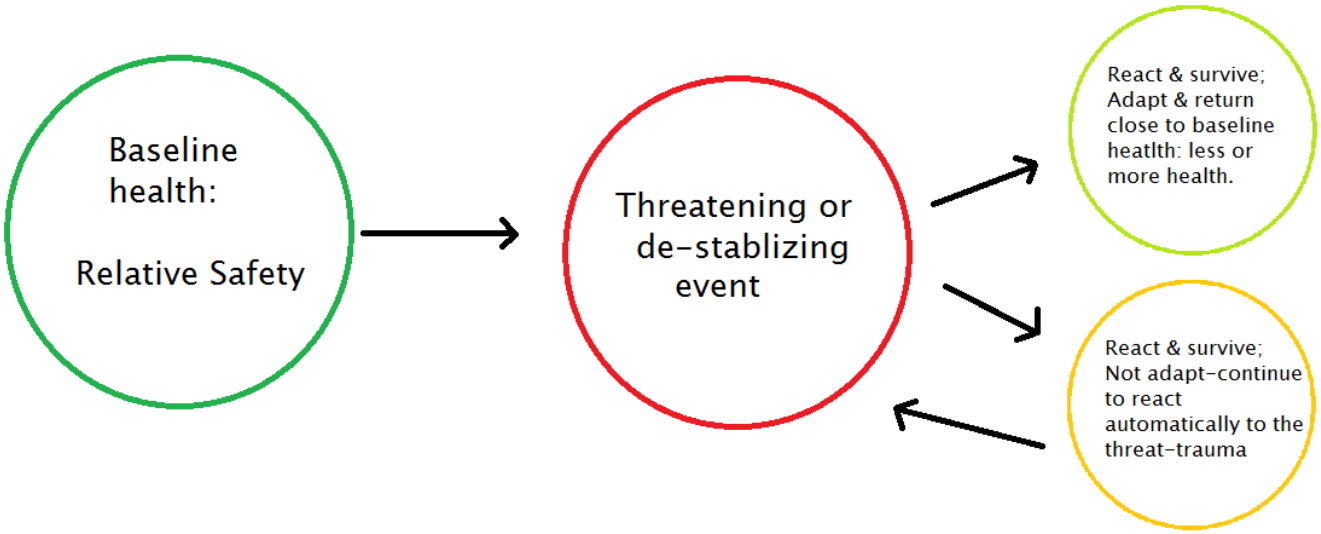
Trauma

What is Trauma?

- A stressful experience or event that shatters a person's sense of security leaves a person feeling vulnerable and helpless

- Can be physical, emotional and psychological

What is Trauma?



Baseline is the state where a person feels emotionally, spiritually, physiologically, and psychologically safe.

A ***Threat or De-stabilizing Event*** is an event that occurs when a person is confronted with a physical or psychological threat to the survival of self or another that triggers a survival response.

Trauma is not the event itself, but the response or injury that occurs because of such an event. This injury affects the emotional, spiritual, psychological, and physical well being of the individual. It is a normal reaction to an abnormal event.

Traumatisation:

- occurs when a person is no longer able to establish a sense of relative safety, and the survival mechanisms continue to be on high alert long after the original threat is gone.

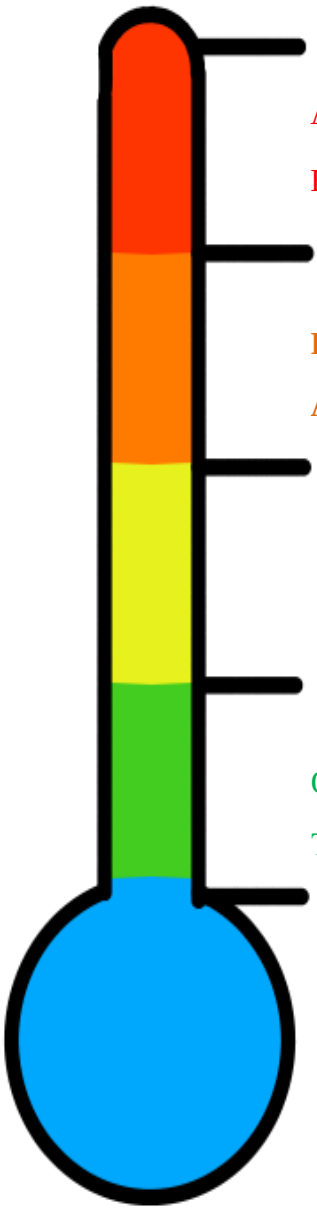
- can (and often does) occur from a single Threat or De-stabilizing Experience.

- can also occur over time with repeated exposure, with the affected person getting further away from baseline each time that a Threat or Destabilizing Experience occurs.

The Trauma-meter

-An Analogy

For a moment, think of the scale of human trauma experience as a thermometer.



Terror:

Actual Event or Exposure to repeated events threshold, worldview changing

Exposure to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence

Fear:

Fight, Flight or Freeze Response

Adrenaline is secreted and the body and muscles are prepared for immediate action.

Alarm:

Warning, Something doesn't feel "right"

Just like a morning wake-up alarm, or a fire alarm, it becomes obvious that something dangerous is about to happen

Vigilance:

On alert, Watchful, Assessing for danger

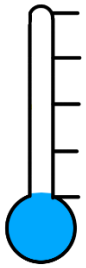
This can be seen in the person with Operational Stress Injury's symptom of hyper-vigilance.

Baseline:

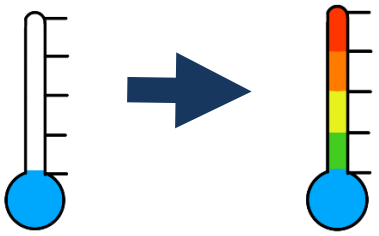
Calm, Relaxed, Relative Safety

This is the state of mind of someone who has not been exposed to a threatening or de-stabilizing event

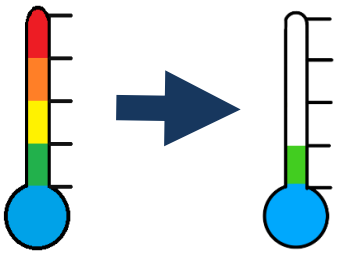
The Trauma-meter Explained



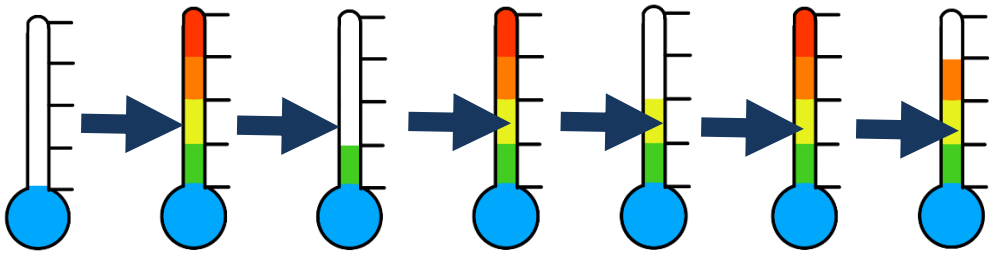
Like a thermometer in its room-temperature resting state, this represents a person's baseline. Calm, cool, and collected, and feeling relatively safe.



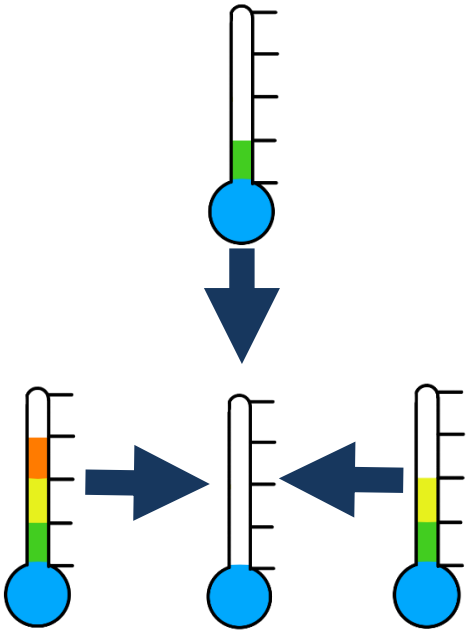
When a threatening or de-stabilizing event occurs, it is like putting a thermometer directly in a flame. The very real sense of danger is ever-present. The experience causes an immediate psychological and physical response.



Now imagine that while the thermometer was in the flame, it melted ever-so-slightly and caused the outside of the thermometer to flatten just a bit. When the thermometer would return to room temperature, the indicator would read a little higher than before. In this way, a threatening or de-stabilizing event may change a person. This change - trauma - represents the **injury** that a person has with Operational Stress Injury, for example.

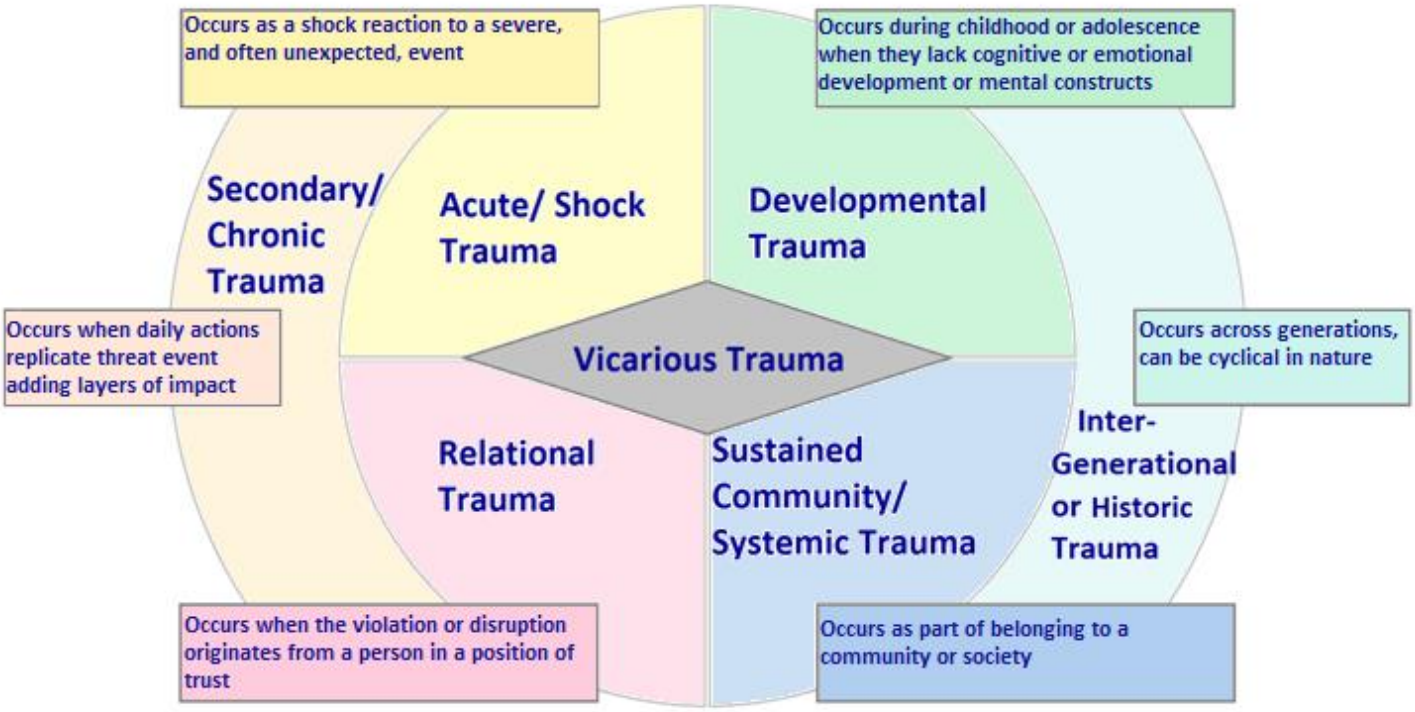


Repeated threatening or de-stabilizing events can compound injuries and create a regular state that is further and further away from the original baseline. This can also happen if there are repeated stressors that do not reach that "terror" level.



With professional help, with support from friends, family, peer-support groups, and with learned coping mechanisms and de-stressing techniques, the trauma-injury can heal, and the regular state can come pretty close to returning to that calm, relaxed, and relatively safe baseline. This can take a lot of time, and that threatening or destabilizing event will always be a part of the life story of the person who has experienced it, but it can become easier to experience day-to-day living.

Types of Trauma



There are many types of trauma

Just like in physical health, where you can be injured with a broken nose, sprained ankle, or shattered knee, there are different types of trauma. Also like in physical health, the mechanism of healing can be very similar no matter what the injury is. Understanding the types of trauma can foster sensitivity to the varied causes and sumptoms that are caused by trauma.

While this material is focused specifically on the types of trauma associated with Operational Stress Injury, the cumulative nature of trauma (see the previous page regarding the trauma-meter), means that current threats or de-stabilizing events can elicit different levels of trauma in response, depending on what the individual has already experienced.

On the following pages, there is a brief description of each of these types of trauma, some examples, and how it might affect someone who is experiencing an Operational Stress Injury.

Acute/Shock Trauma:

Description: This occurs when a person has a reaction to experiencing or witnessing a single, specific threat or destabilizing event. This event often is severe and is associated with the instincts of survival.

Examples: Assaults (physical, sexual) or the threat of assault, surgeries, dental procedures, motor vehicle accidents, stillbirth, miscarriages, Sudden Infant Death Syndrome (SIDS), unexpected loss of a loved one, terminal illness diagnosis.

Related to OSI: This is the type of trauma seen most often in cases of Operational Stress Injury.

Relational Trauma:

Description: An experience of threat from another person adds a layer of violation and disruption and is complicated when the person is someone you know, is in a position of trust, or supposed to be "safe".

Examples: domestic violence, bullying, robbery, physical or sexual assault, long-term abuse, political conflicts causing a person to flee.

Related to OSI: War is one of these sorts of trauma, especially if there is trust placed in the country to support military and veterans. This can also be an issue with police or correctional officers who get to know the people with whom they work. This violation can also be an overarching feeling of violation from the workplace if it was understood that the workplace would keep the individual safe.

Secondary/Chronic Trauma:

Description: This occurs in two ways, one way is often referred to as "re-traumatisation" which describes the daily events that take place which replicate aspects of past trauma, and the other is a build up of regularly-occurring events that, individually, do not quite reach the "terror" level, but build up to a threshold that keeps a person in that trauma reaction state.

Examples: A sexual assault story on the news brings to mind a personal event, daily duties that involve mild violence over a prolonged period of time

Related to OSI: flashbacks, triggers, and a job that works with violent offenders.

Developmental Trauma:

Description: This occurs during the vulnerability of childhood or adolescence. This is unique from other types of trauma because the child's cognitive, emotional, and mental capacity is still developing as it deals with the physical brain responses of trauma.

Examples: Substance abuse or violence in the home, chronic illness, discrimination, neglect, sexual abuse, bullying.

Related to OSI: This may be part of a person's story. If this person then experiences OSI, it may be complicated by any developmental trauma from the past.

Sustained Community/Systemic Trauma:

Description: This is trauma that is a direct response to being a part of a community or group.

Examples: Living in a community when a school shooting happened, being a part of a school community where a student was killed by a drunk driver, being a survivor in a place where there was a terrorist attack, or identifying as a member of a marginalized population that is routinely discriminated against and experiencing an act of that discrimination (LGBTQ, specific religious groups, specific cultural groups, specific political groups)

Related to OSI: Sustained Community/Systemic Trauma can become a part of Operational Stress Injury when a part of the job includes dealing with an event within one's own community. This happens frequently in rural and Northern areas. Systemic Trauma may also be related to a person with OSI's own racial or gender identification.

Intergenerational/Historic Trauma:

Description: The cumulative emotional and psychological wounding across generations, including the lifespan, which emanates from massive group trauma. This is passed down through relationships, teachings, and embedded meaning associated with family or community events.

Examples: The residential school system, WWII genocide, the 60's Scoop, refugees

Related to OSI: This might be a part of anyone's history, and may change the way that a threat is perceived and dealt with.

Vicarious Trauma:

Description: Vicarious Trauma occurs when there is continued exposure to other people's threats or de-stabilizing events. The frame of reference for experiences changes the listener/watcher by creating a worldview of a less safe or even a dangerous world. This sets up the similar ways of thinking to those who have otherwise been traumatized.

Examples: Counsellors who deal with abused children, people who listen to those that live with violence, hearing the details of cases of violence and tragedy regularly. Although media exposure alone does not cause vicarious trauma, it can add to the effects on someone who is already experiencing vicarious trauma.

Related to OSI: Not only does this affect most of the people who have Operational Stress Injury directly, through hearing about the difficult lives of people that you work with; it also affects friends, family members, and helpers to those experiencing Operational Stress Injury.

The infectious nature of trauma

If left untreated and not managed, the individual with the symptoms of an Operational Stress Injury can inadvertently cause traumatic events for those around them. Vicarious trauma is one of the ways that trauma passes to others. Violent outbursts, actions, and words that appear to lack appropriate emotions and context can confuse and frighten people who experience the rage of someone with OSI. Threats of suicide and completion of suicide spread the effects of trauma to people who care. Living and working with someone with OSI may cause hyper-vigilance and arouse anxiety reactions. By getting help for your own healing and recovery, you are also protecting the safety and peace of mind of the people around you.

This explanation of how Trauma works illustrates that trauma is the brain's natural response to threats or de-stabilizing events.

A complete understanding of how the brain works is not a requirement for healing or living in a state of recovery.

How Trauma Works

Needs for Survival

Humans have basic needs for survival. If these needs are being met, all is well.

Uncertainty (?)

When a threat or destabilizing event occurs, doubt is cast on whether or not those needs for survival are being met.

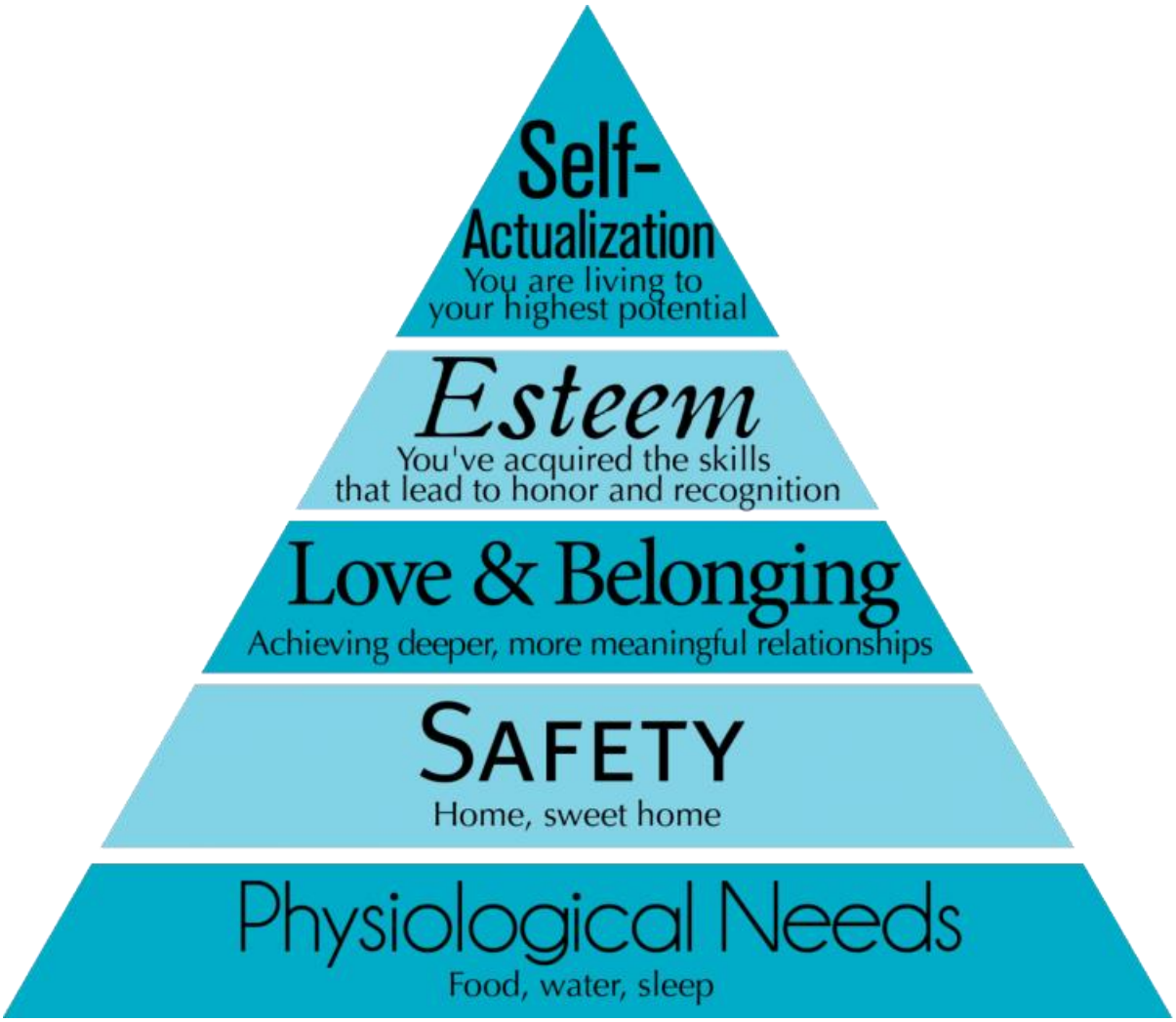
Fight, Flight, or Freeze

The innate fear response that is the way the body/brain protects from danger

**Trauma*

There are both immediate effects and delayed effects of trauma.

**The degree of trauma can be affected by factors such as recognizing the danger has passed, processing the events with colleagues and/or counselors, and regaining control of one's life and circumstance*



-An Adaptation of Abraham Maslow's Hierarchy of Needs

Human Needs for Survival

Physical and Developmental Needs

Physical Well-being

This includes the needs of air, water, food, shelter, and clothing.

Safety

This includes a sense of physical, emotional, spiritual, and psychological well-being.

Adaptability and Change

There is nothing in the way of the senses being able to determine what is going on in the environment and how to exist within it.

Social Needs

Interdependence

The ability to connect with people and rely on each other's strengths. There is evidence of relationships and communities from humanity's beginnings and is an important part of living.

Communication with others

This includes being able to communicate needs and wants to others that can help fill those needs. There is also a sense of self-worth that develops as part of belonging to a family or group.

Identity

Being able to identify with a group, and have a sense of belonging is a need for survival. That sense of belonging is important in order to thrive. Family, location, culture, country, community, religious organization, political group, and service club are some examples of ways people create an identity and express a definition of self.

Emotional and Spiritual Needs

Purpose

Feeling a connection to the world and a sense of meaning in life

Value

People need to feel like contributions to society matter, and are recognized and appreciated.

Uncertainty (?)

When these needs are blocked or unmet, there is a sense of distress.

Distress can take many forms, from general uneasiness to the fear of dying.

People have different thresholds of resiliency and distress.

The perception of a threat always creates a similar biological/chemical response.

Fight, Flight, Freeze

FIGHT

This is a **Mobilization Response**.

This shows physically in a tense, brace, or attack stance and can be emoted either:

Physically: Fight with the threat; attack and self-defense

Verbally: Yell at the threat; literally or figuratively (eg. Honk horn)

Symbolically: Wave fist, glare at the threat

Habitual action: slam on brakes, brace for impact, protect face

FLIGHT

This is a **Mobilization Response:**

This shows physically in removing oneself from the threat towards safety:

Physically: Run away

Verbally: Yell at the threat

Symbolically: Withdraw, shrink, turn away, "tune out"

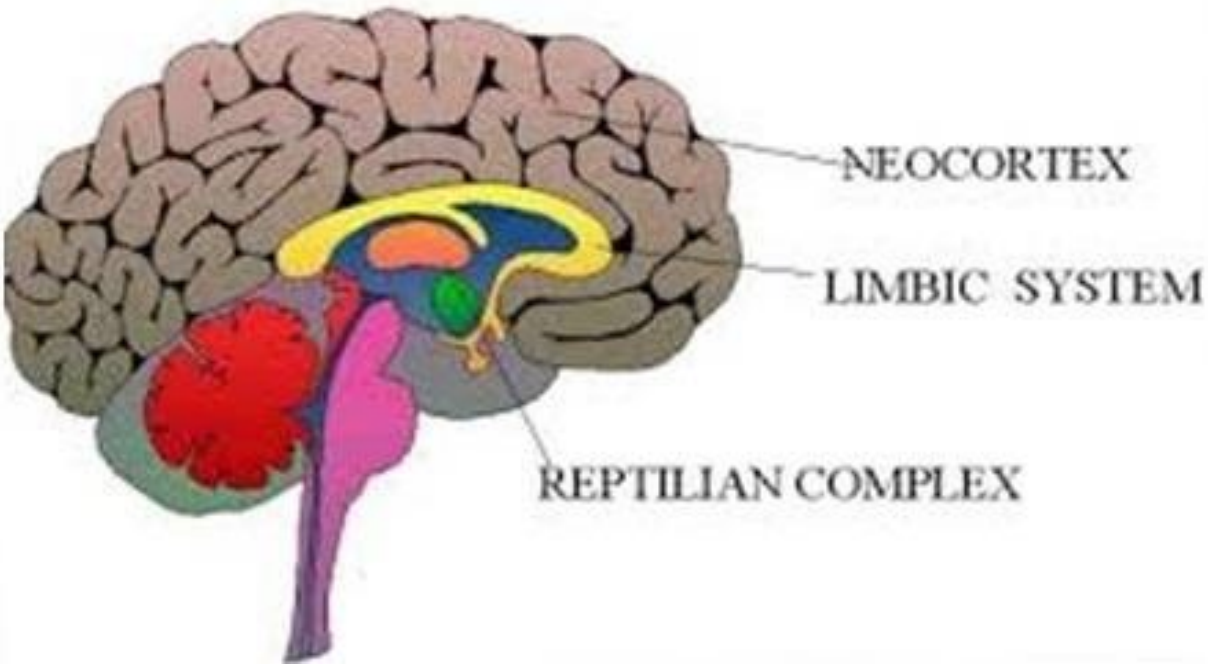
FREEZE

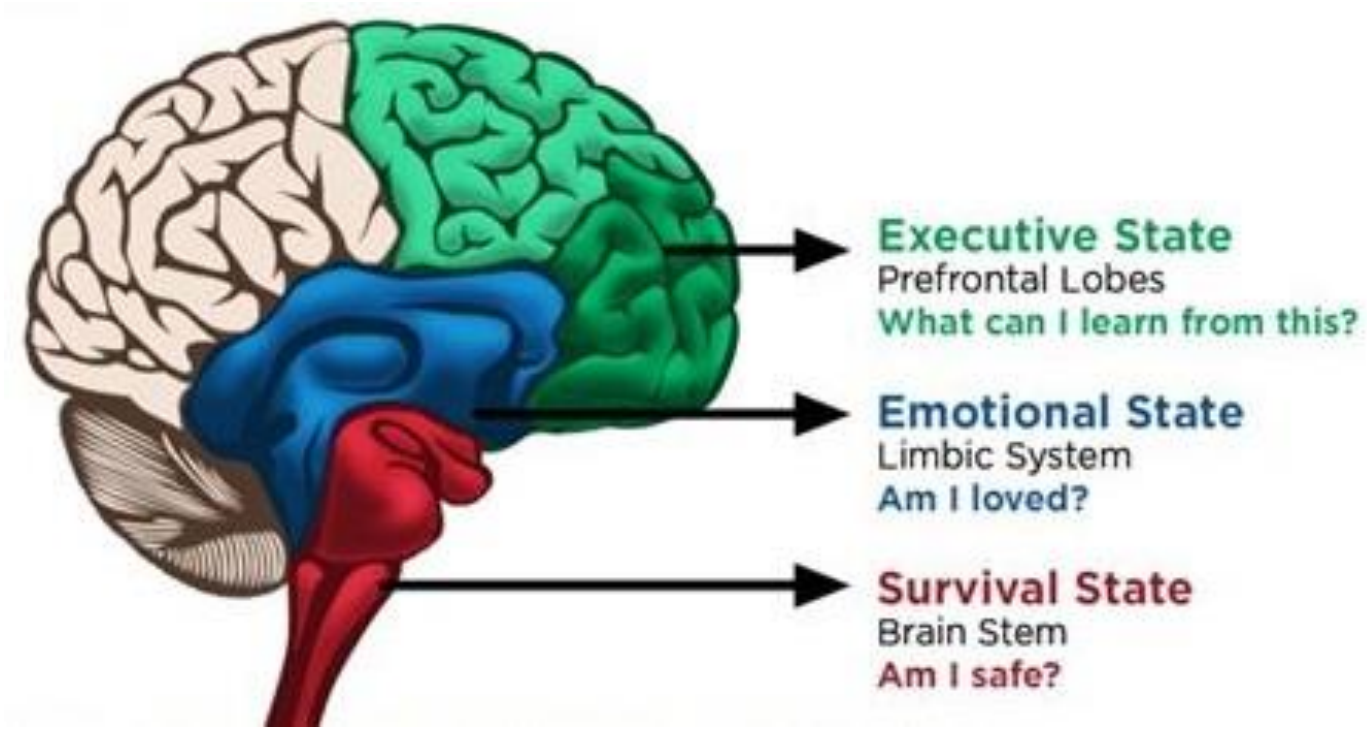
This is an **Immobilization Response:**

This is the "emergency brake" of responses.

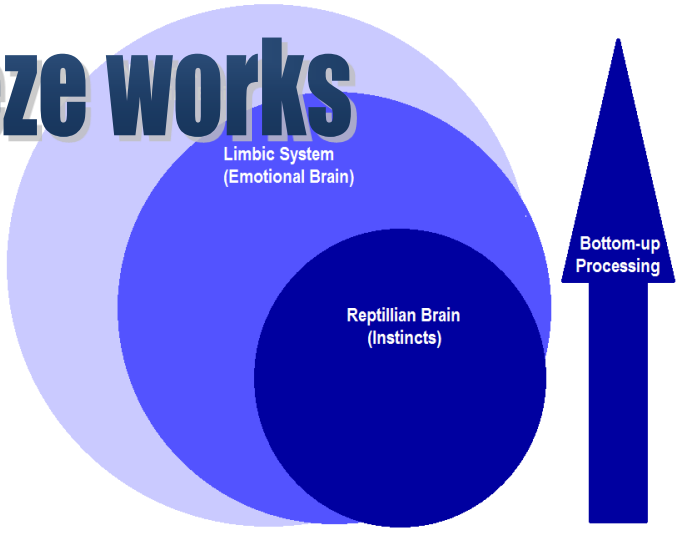
Physically: Reduced ability to move, feel limbs, make sounds

This is the oldest of the defense systems. When all else fails, shutting down and feigning death conserves energy. One form is dissociation, where there is a feeling of leaving one's body and being separate from any sense of self or emotion.


NEOCORTEX
LIMBIC SYSTEM
REPTILIAN COMPLEX


Executive State
Prefrontal Lobes
What can I learn from this?
Emotional State
Limbic System
Am I loved?
Survival State
Brain Stem
Am I safe?

How Fight, Flight, or Freeze works



Nature

Through history, humanity has developed a response to many different needs for survival. Patterns have developed in order to protect an individual, and our entire species, from harm. At present, humanity has different and new threats. Consider the development in technology and engineering in the past century or even the past decade. Modern day threats may be more related to the demands of a boss or malfunctioning equipment than an attack by a sabre-toothed tiger. However; our brain make-up is still programmed to respond to threats in instinctual ways. The fight, flight, and freeze responses are instinctual ways of dealing with threats that are hard-wired in the human brain.

Parts of the Brain Involved

There are five (5) parts of the brain involved in the fight, flight, or freeze response that helps with an understanding of what is going on.

These parts are:
Reptilian Complex
Limbic System
Neocortex
Amygdala
Thalamus

Reptilian Complex

The Reptilian Complex is considered the oldest part of our brain. This is the part that is responsible for:

- Instinctual responses
- Reflex actions
- Repetitive motor memory (playing an instrument, riding a bike)

Limbic System

The Limbic System is sometimes referred to as the "Mammalian Brain". This is the part that is responsible for:

- Emotional responses
- Learning from role models
- Responding to complex facial expressions, body language, and voice inflection

Neocortex

The Neocortex is sometimes referred to as the "Human Brain". This is the part that is responsible for:

- Thinking, and thinking about thinking, abstract thought, symbolism
- Logical deductions/reasoning
- Learning through study and symbolic representation

The prefrontal cortex and frontal lobes are part of this more sophisticated part of the brain and are responsible for personality traits and personal preferences.

Amygdala

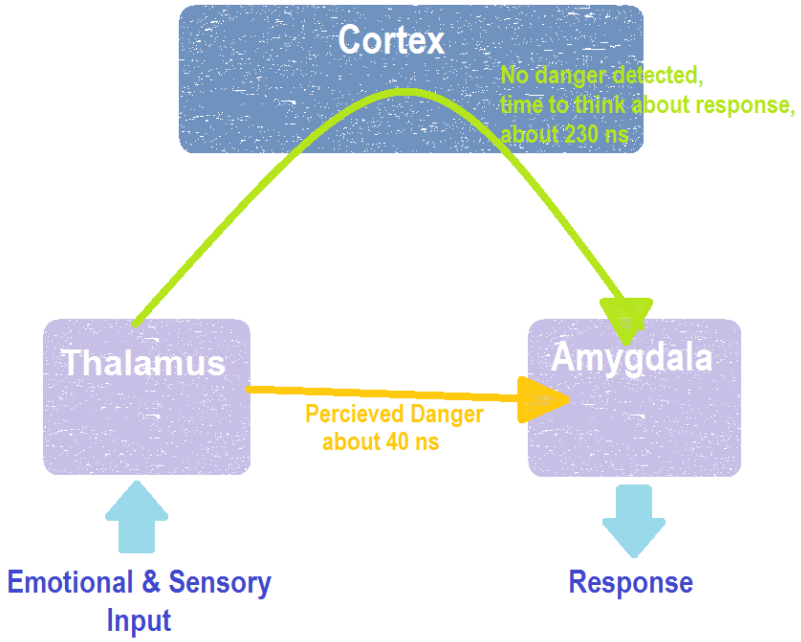
The Amygdala is sometimes referred to as the "Interpreter". This is the part that is responsible for:

- Implicit Memory
- Survival Response

Thalamus

The Thalamus is sometimes referred to as the "Navigator". This is the part that is responsible for:

- Sensory input
- Initial emotional value



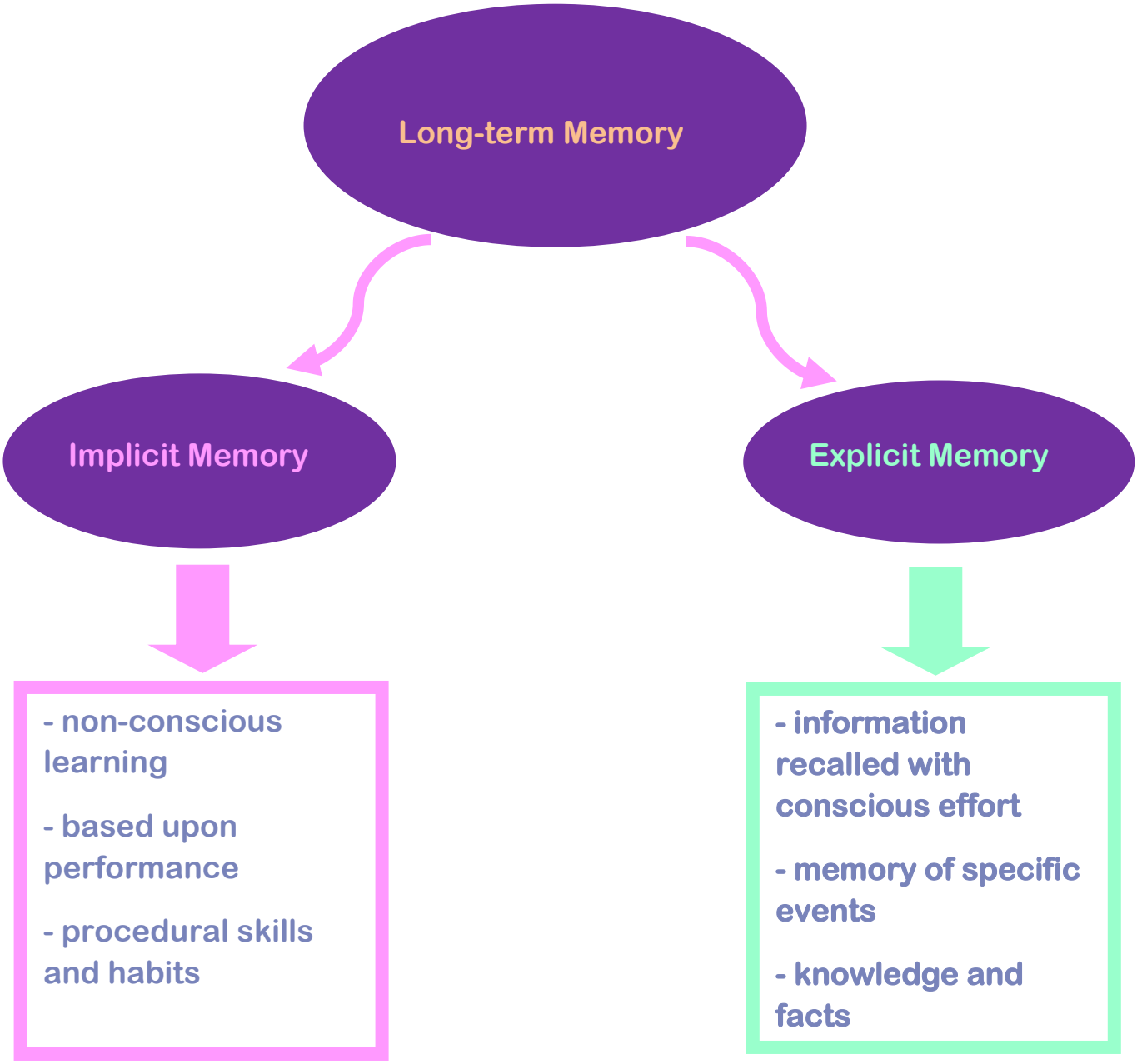
Safety

When a person feels safe, the entire brain processing system is used. Energy is being distributed through the Reptilian brain (the oldest parts that hold instincts) the Limbic brain (the parts that hold emotions), and the Neocortex (the newest part of our brain, which holds our ability to learn, use logic, express personality and personal preferences). The Thalamus and the Amygdala provides a response after interpreting all of the information. This entire process takes approximately 230ns

Danger

When a person feels unsafe, the thalamus senses danger and sends all of the information and energy to the Amygdala, bypassing the higher-level processing systems. The Amygdala provides a response based on a very limited and systematic set of responses available. These responses are more basic, and this process takes approximately 40ns. This allows for a quick, self-preservation response.

In Danger, quick responses and reflex actions are necessary for protection and self-preservation!


Long-term Memory
Implicit Memory
Explicit Memory
- non-conscious learning
- based upon performance
- procedural skills and habits
- information recalled with conscious effort
- memory of specific events
- knowledge and facts

The Role of Memory

There are two types of memory involved in the trauma response: Implicit Memory and Explicit Memory. The reason memory is important in the process of trauma is that it not only informs the Amygdala for potential actions, but it also is responsible for the mechanism behind triggers, and the difficulty of recall of the threatening event.

Implicit Memory

Implicit memories do not require conscious effort to produce or recall. These are not easily put into words or described, and generally are not thought about at all. Some examples of implicit memories are sensory such as the feeling of sand-paper, or a dentist's needle. Some are emotional aspects of an experience, such as recognizing a friend or anticipating criticism. Often, implicit memories are procedural, such as riding a bike, driving a car, or holding a coffee cup. This is also the sort of memory responsible for habits, reflexes, or "motor memory". The act of reading or playing an instrument generally uses implicit memory as well.

Explicit Memory

Explicit memories are those that require a conscious act of remembering. These generally can be expressed through speaking or writing easily. This is the type of memory which holds in "episodic" or details of an event, and the story of what happened.

For Example

An example that illustrates the difference between Implicit Memory and Explicit Memory is reading a mystery novel. The act of reading, right to left, up to down, decoding letters to understand the words, and following the plot twist, uses implicit memory. The act of explaining who committed the crime in the mystery novel and how that came about, the details of the plot, or some aspect of crime fighting that was learned though the story, uses explicit memory.

The Relationship between Memory and Operational Stress Injury

During a threat or de-stabilizing event (when the fight, flight, or freeze response is activated), extremely high levels of two specific hormones are released.

Cortisol:

Cortisol inhibits the part of the brain (the Hippocampus) which blocks explicit memories from being formed.

Adrenaline:

Adrenaline heightens the encoding of implicit memories so that, in future similar situations, the Amygdala will have access to what worked as protection.

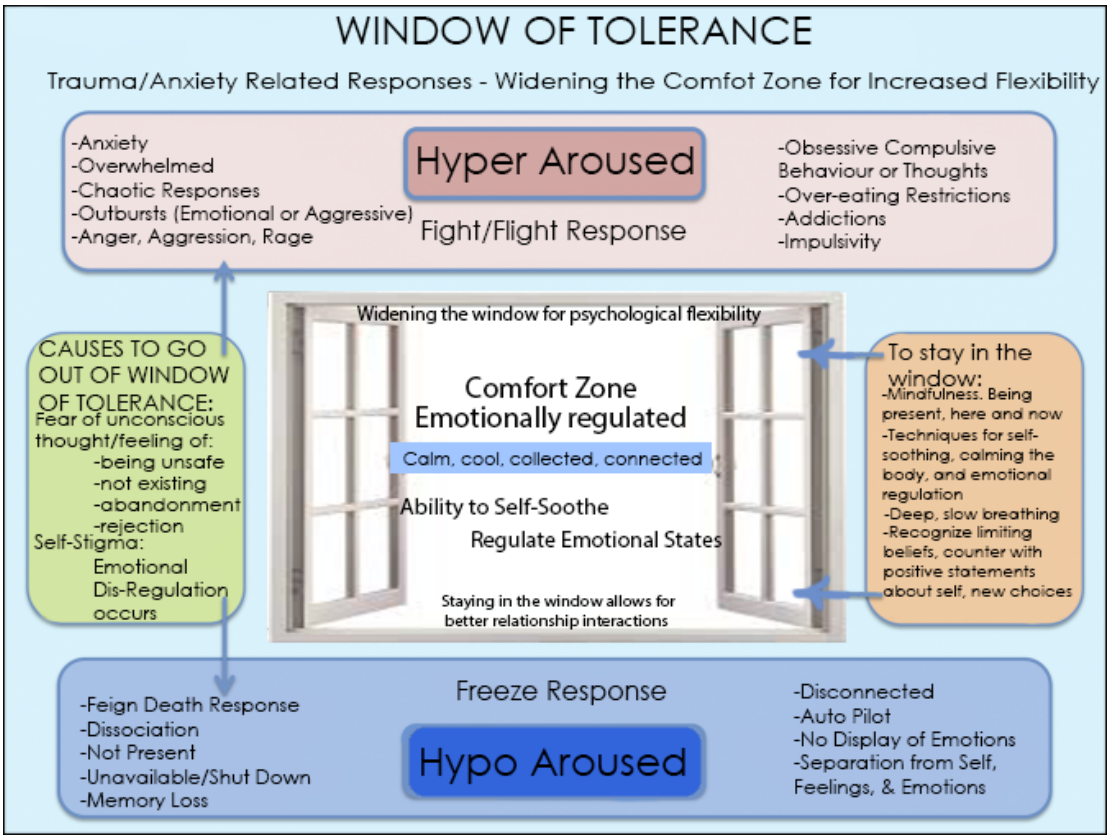
The combination of these two stress hormones' effects has two common results.

1. Some difficulty in recalling the specifics of a threat or de-stabilizing event when trying to explain what happened. This sometimes comes across as not being able to find the words to explain it or not being able to remember things like, "What shirt was I wearing?" or "Was the door locked?" Sometimes it becomes easier to logically determine what happened and incorporate that into the story, rather than being able to describe it from actual memory.

2. Sensory, emotional, or procedural memories can be triggered by sensory or emotional input. These are commonly called triggers and, while it might be difficult to recall the event consciously, this can cause distinct memories in an unconscious manner.

The experiences of people who are living with Operational Stress Injury can vary greatly. These stress hormones can have varied effects resulting in a combination of implicit and explicit memories. It is more typical that memories related to a traumatic event are not integrated, so that there are some pieces available to the conscious awareness while other pieces are left out of conscious awareness. This can alter the meaning of aspects of the event or create a memory that is "out-of-order". Awareness of the experience ends up being disjointed, and has a dissociated nature to it, rather than being an integrated, complete story that can be told from beginning to end. This also accounts for a temporal shift, or a loss of time, or expanding of time. Fifteen minutes can seem like two hours when thinking back to the event.

Trauma Management


WINDOW OF TOLERANCE
Trauma/Anxiety Related Responses - Widening the Comfot Zone for Increased Flexibility
-Anxiety
-Overwhelmed
-Chaotic Responses
-Outbursts (Emotional or Aggressive)
-Anger, Aggression, Rage
Hyper Aroused
Fight/Flight Response
-Obsessive Compulsive Behaviour or Thoughts
-Over-eating Restrictions
-Addictions
-Impulsivity
CAUSES TO GO OUT OF WINDOW OF TOLERANCE:
Fear of unconscious thought/feeling of:
-being unsafe
-not existing
-abandonment
-rejection
Self-Stigma:
Emotional Dis-Regulation occurs
Widening the window for psychological flexibility
Comfort Zone
Emotionally regulated
Calm, cool, collected, connected
Ability to Self-Soothe
Regulate Emotional States
Staying in the window allows for better relationship interactions
To stay in the window:
-Minafulness. Being present, here and now
-Techniques for self-soothing, calming the body, and emotional regulation
-Deep, slow breathing
-Recognize limiting beliefs, counter with positive statements about self, new choices
-Feign Death Response
-Dissociation
-Not Present
-Unavailable/Shut Down
-Memory Loss
Freeze Response
Hypo Aroused
-Disconnected
-Auto Pilot
-No Display of Emotions
-Separation from Self, Feelings, & Emotions

Hyper-Arousal:

The state of hyper-arousal is what occurs when the fear response of fight or flight are triggered.

Hypo-Arousal:

The state of hypo-arousal is what occurs when the fear response of freeze is triggered.

Operational Stress Injury & The Window of Tolerance:

Flashbacks and triggers can, and often do, keep a person who experiences Operational Stress Injury in a constant state of arousal, through secondary/chronic trauma. Memories, and even the fear of being triggered, induces constant states of hyper-arousal and hypo-arousal, which is the cause for the symptoms that are seen in Operational Stress Injury. This instability often feels like bouncing from one extreme to the next.

There is a sweet spot in the middle of these two arousal extremes that is often referred to as the "Window of Tolerance". This concept is in some ways related to the baseline state that was described earlier on page 18. There may be ups and downs in this Window of Tolerance, however; they are less extreme and are often manageable. The Window of Tolerance is generally described with the 4 C's:

Calm Cool Collected Connected

As illustrated by the diagram on the opposite page, there are many things that cause a person to leave the Window of Tolerance. Some of these things include:

Unconscious thoughts or feelings
Unsafe feelings & situations
Dissociative thoughts
Abandonment
Rejection
Flashbacks

These factors can cause re-traumatization for someone experiencing Operational Stress Injury. Other factors may cause these same responses that are not listed here depending on the individual; however, the idea is the same; situations and reactions induce a state of hyper-arousal or hypo-arousal.

There are some exercises that a person may do to maintain relative stability in the Window of Tolerance.

***Please Note: The following suggestions are not replacements for therapeutic interventions with a professional. These are to be used along with professional interventions.**

General tips on managing psychological trauma

There are several things you can do to look after yourself and promote recovery from a traumatic event or situation. The following points provide some general advice.

- Recognise that you have been through a distressing experience and give yourself permission to experience some reaction to it. Don't be angry with yourself for being upset.
- Remind yourself that you are having a normal reaction to an abnormal experience and that you can recover.
- Avoid overuse of alcohol or other drugs to numb the pain.
- Delay making any major decisions or big life changes.
- Do not try to block out thoughts of what has happened. It doesn't work! Gradually confronting what has happened will assist in coming to terms with the traumatic experience.
- Don't 'bottle up' your feelings - share your experiences with safe people when opportunities arise. This may feel uncomfortable, but talking to understanding people that you trust is helpful in dealing with trauma by getting support and feedback.
- Try to maintain a normal routine. Keep busy and structure your day.
- Make sure you do not unnecessarily avoid certain activities or places.
- Allow yourself time to rest if you are feeling tired.
- Remember that regular exercise is important.
- Let your friends and family know of your needs. Help them to help you by letting them know when you are tired, need time out, or ask for a chance to talk or just be with someone.
- Make time to practise relaxation. You can use a formal technique such as progressive muscle relaxation, or just make time to absorb yourself in a relaxing activity such as gardening or listening to music. This will help your body and nervous system to settle and readjust.
- Allow yourself a "time out" (even from the work of healing). Enjoy a holiday or just do something because it feels good.
- If the trauma that you experience stirs up other memories or feelings from a past unrelated stressful occurrence, or even childhood experiences, try not to let the memories all blur together. Keep the memories separate and deal with them separately.
- Express your feelings as they arise. Whether you discuss them with someone else or write them down in a diary, expressing feelings in some way often helps the healing process.
- Be as gentle and compassionate with yourself as you would for a buddy who had a similar experience.

Strategies

Some strategies that can be used to manage trauma include:

Mindfulness Exercises

Breathing Exercises

Movement Exercises

Self-Soothing (Sensory) Exercises

Visualization Exercises

Peer Support

Professional Therapeutic Interventions

A brief description of each of these techniques is listed here, however; if any of these techniques seem especially helpful, more information can be found on any of these specific tools using a quick internet search or at a local book store.

Mindfulness Exercises:

Mindfulness is a good way to repurpose hyper-vigilance and use it to relax and be in the present moment rather than looking to the past. Mindfulness involves allowing your thoughts and feelings to pass without either clinging to them or pushing them away. Although there is very little research/support regarding mindfulness and trauma, there has been much support involving the efficacy of mindfulness with helping anxiety and depression.

Mindfulness is a continual practice that can be done during everyday activities and, with practice, can be a part of all aspects of life. To practice mindfulness, one can start with a simple activity such as breathing.

Breathing with mindfulness involves finding a relaxing place and, in a comfortable position, concentrate on breathing in and out. What does it feel like? What muscles are you using? What position is your mouth in as you exhale? As you do this, thoughts will naturally form in your mind, often regarding the de-stabilizing event. This is natural. Do not push these thoughts aside, but rather acknowledge the thoughts, as though from a distance, and let them go. In considering the thoughts that you are thinking, consider how they make you feel without judgment.

Once you have practiced breathing and mindfulness, this practice can be extended to simple tasks. Washing the dishes (actually feeling the water on your hands rather than just doing them out of habit), walking to the store, etc. The key is to be very present in the moment and to notice the aspects of daily movements that are often lost to habit. Once you form the new habit of thinking about thinking, and approaching the world through a mindful lens, this will also improve resiliency for future de-stabilizing events (Lengnick-Hall, Beck, & Lengnick-Hall, 2011).

Breathing Exercises:

Concentrating on breathing can often remove or replace re-traumatizing thoughts. Focus on breath as a tool you have with you no matter where you are or what you are doing. There are a number of ways that breathing can be used to manage trauma (Mueser, Bolton, Carty, et.al., 2007).

Breath Management: This involves three steps:

1. **Notice all aspects of your current breathing patterns.**

   -Are you using your mouth or your nose?

   -Are you filling your chest or your abdomen?

   -What is the rhythm of your breath?

   -What is the pace of your breath like? (gulping, smooth, shallow, deep)

2. **Practice controlling these aspects of breath.**

   -Imagine blowing up a balloon

   -Imagine sucking your breath through a straw

   -Try to completely empty your lungs of breath before taking a new breath.

   -Place your hands on your stomach, try to inhale using your diaphragm, which would make your hands move up and down (this is the way babies breathe before they learn to take shallow, chest breaths).

3. **Create a regular time of the day to practice these techniques**

   -Just before bed or when you awaken.

Cycle Breathing:

-Take a few breaths to focus on breathing

-Structure your breathing:

-Breathe in and count to 4

-Hold your breath and count to 2

-Breathe out and count to 4

-Repeat gradually lengthening your count. You will fool your body into thinking that you are relaxed and the "alert" feeling will dissipate.

Movement Exercises:

The theory behind movement exercises is that the secretions of adrenaline and cortisol that occur during a de-stabilizing or threatening event also occurs during flashbacks of the event or secondary/chronic trauma. These secretions prepare the body for the fight, flight or freeze response. Even if there is no actual event which requires this response, the body absorbs these secretions which produce high levels of stress; the energy has nowhere to go. Managing this energy with some simple movements reduces the amount of physical stress on the body as well as the mental and emotional stress response (Asmundson, Fetzner, DeBoer, et.al.,2013).

Tension and Release:

Go through your body, inhaling as you tense up a specific muscle, holding it for four to ten seconds, and then exhaling as you release each muscle. Between exercises, give yourself 10-20 seconds to relax. Some examples of tensing muscles are as follows:

Forehead -Wrinkle it into a deep frown… Release

Eyes and Nose -Close your eyes as tight as possible… Release

Cheeks and Jaw -Smile as widely as you can… Release

-Open your mouth as big as you can… Release

Mouth -Press lips together as tightly as you can… Release

Hands -Clench your fists… Release

-One at a time or both together … Release

Wrists -Extend your fingers and bend your hands back at the wrists until you feel a pull

-Release

Arms -Clench your fists and bend your arms at the elbows… Release

-Flex your biceps… Release

Shoulders -Shrug your shoulders up to your ears… Release

-Hug yourself (the shoulder shrug is the squeeze of the hug)... Release

Chest -Take a deep breath, hold it, then exhale… Release

Back -Arch your back backwards... Release

then

-Curl your back forwards towards your chest... Release

Stomach -Pull your stomach in towards your back bone… Release

Hips and Buttocks - Squeeze your buttocks together tightly… Release

Thighs -Clench the large muscles in your legs one at a time… Release

-Using a stress ball, place it between your knees and squeeze it… Release

Ankles -Pull your foot up at the ankle… Release

Feet -Curl your toes but point your feet downward… Release

After each of these tension actions, **release** the tension as much as you can. There is a possibility that, unless you think about it, you may hold and increase the tension in your body.

***Please Note: If you have a pre-existing injury in any of these areas, check with your doctor or physio-therapist before doing the exercise in that area.**

Neck Rolls:

-Stand or sit with your spine straight and body well supported

-Let your head drop forward

-Roll gently from side to side

-Can also work by trying to touch your ear to your shoulder without shrugging

-Cracking sounds are normal here as the muscles release tension. Be aware not to push these movements too hard, but rather allow your body to tell you how far to go.

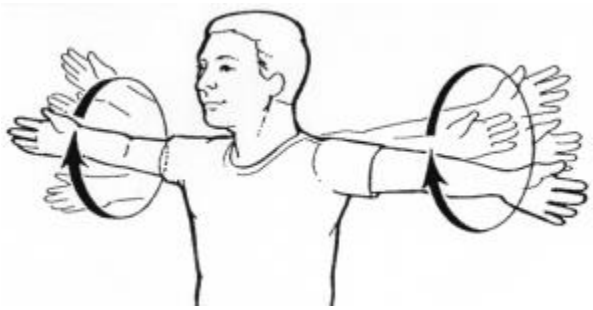
Stretching Exercises:

Anyone with an athletic background will likely have some stretching exercises that are comfortable to them. Stretching, much like the Tension-Release exercises, can be done from head to toe. Again, special considerations should be taken for pre-existing injuries.

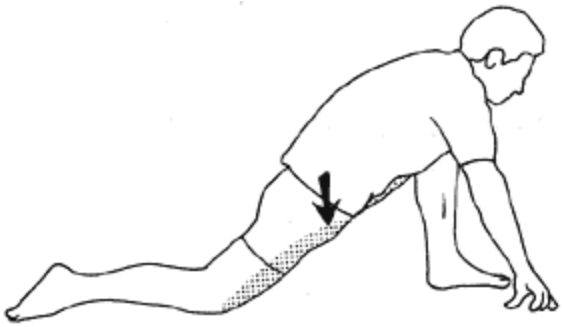
Some examples of stretching exercises include:

-Force yourself to yawn, extending jaw and face muscles

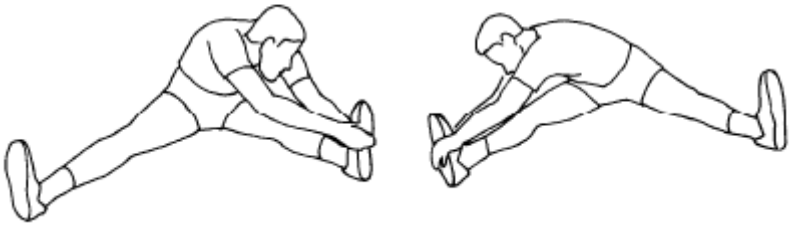
-Do arm, wrist, leg or ankle circles by extending that part of the body and then rotating forward, first in small, circular motion and gradually getting bigger. This can be done in either direction.



-Stretch out the groin by placing one foot in front, knee bent down to the ground, and extending the other leg.



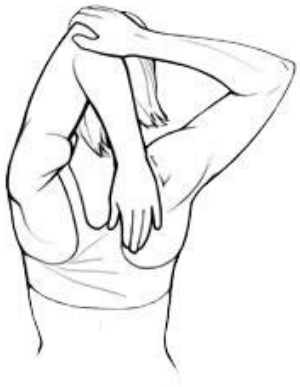
-Stretch legs by sitting, back straight, legs apart and straight with toes extended upward. Reach for each foot or forward as far as you can. For added value, pull knee back towards the body and give it a hug.



-The Butterfly Stretch stretches the back, legs, and groin. Sit with knees bent and flat parts of the feet together. While holding the feet, press with arms against the legs towards the floor.

-Link fingers together and then stretch arms out in front, palms away from the body

-Bend arm at the elbow and place palm of hand up against the back, place the opposite hand on the bent elbow and push down gently



*A small shake at the end of each stretch reminds the muscles, and the mind, to relax and let go.

Rhythmic Movement:

Activities with a consistent rhythm can help with both physical and emotional regulation. Some examples of this can be:

-Setting a walking pace consistent with breathing

-Jumping rope

-Dancing

-Doing any simple movement or task to music with a strong drum beat

-Drumming

Equine-Assisted Therapy:

Much research has been done on Equine-Assisted Therapy for those who struggle with trauma. For those in Saskatchewan, the OSI-CAN program is involved with Equine-Assisted Therapy in Regina area with Discovery Ranch and Serenity Ranch, and in Prince Albert area with Cartier Farms. There are many Equine-Assisted Therapy locations worldwide that work with people who have experienced trauma.

Generally, Equine-Assisted Therapy may include:

-Grooming the horse before and after riding

-Dressing the horse properly for a ride

-Walking, with a facilitator, with the horse

-Learning to communicate and ride the horse

Yorke, Adams, and Coady (2008) explain in their study that Equine-Assisted Therapy promotes the creation of healthy relationships for those who are feeling isolated due to trauma. While riding a horse is a very physical activity, there are documented benefits to social and mental wellness.

Being Still:

Being still uses the mechanisms of the "freeze" response and isolation for the purpose of recovery. Stillness also teaches the body to relax. The basic idea of being still is to limit sensory input in a tranquil setting and calm the body. Often, when the focus is calming the body and limiting movement, it becomes a difficult task. Muscle spasms and expectations that you are trying to be still can undermine the goal. It is important to find a focus to ease this task. Some examples of what to focus on are:

-Counting. Backwards from 100, counting by twos or fives or twelves, not a difficult task, but something that requires focus.

-A mantra can help. Find a word or a short phrase that has meaning and then repeat it over and over.

-Soft, relaxing music without words

-A visual picture. This can be art that is meaningful or a poster with a message.

Being still does not have to mean no movement at all. In some cases, it can mean minimal, gentle movements in a tranquil, low-stimulus setting.

This can take the form of:

-Swimming/floating using a backstroke

-Gardening alone

-Petting the dog

-Taking a walk during a time when the environment is quiet

-Taking a warm, candle-lit bubble bath

-Swinging in a playground or in a hammock

-Rocking in a rocking chair

-Create something (bake, build, knit, crochet, sew, bead, photography, paint)

***Note* In this same vein of movement exercise, some people get a lot of relief using Yoga, Tai Chi, or other body-control based, structured exercise as offered by groups or clubs in the community. Please trust that you know yourself best and don't judge yourself harshly for what helps you.**

Self-Soothing (Sensory) Exercises:

Senses and the environment are often the source of triggers for people with Operational Stress Injury. Using the senses as a means to recovery can have an effect of replacing some of the triggering moments with soothing moments (Uvnäs-Moberg, Handlin, & Petersson, 2014).

The 5-4-3-2-1 Exercise:

This exercise is most useful when a person is in a state of high anxiety or panic. It is a method to take control of the moment and get back to the calm, cool, collected, and connected Window of Tolerance. There are five steps to this method, and it works best if there is a helper to remind you of the steps. The process is as follows:

1. What are 5 things you hear? Five things you see? Five things you feel?
2. What are 4 things you hear? Four things you see? Four things you feel?
3. What are 3 things you hear? Three things you see? Three things you feel?
4. What are 2 things you hear? Two things you see? Two things you feel?
5. What is 1 thing you hear? One thing you see? One thing you feel?

*by feel, it is the tactile sense of touch you are after, not emotional response.

The next six things have to do with finding comfort in the senses, or finding sensory input that takes you to a comfortable, calm place. It is helpful to focus on one sense at a time. Not every suggestion here is comforting to everyone; do what works for you.

Sight:

-The flickering flame of a candle

-Art at a gallery

-A single budding rose

-Nature

-Star-gazing

-Beautiful downtown architecture

-Picture book or a single picture

Sound:

-Playing an instrument

-Listening to music

-Rain falling against a roof

-Nature sounds outside or on YouTube

-Traditional Drumming classes

-Singing along to the radio

Smell:

-Scented candles

-Bake cookies

-Boil Cinnamon

-Appreciate the smell of your morning coffee

-Experiment with essential oils

-Add bubbles to your bathwater

Taste:

-Herbal Teas or Hot Chocolate

-Sample flavours in an ice cream store

-Buy a freshly baked pastry or favourite dessert

-Treat yourself to a favourite food with happy memories associated

-Suck on a peppermint or toffee

-Take time and attention to savour even a cool glass of water

-Experiment with infusing fruit, vegetables, or fresh herbs in your water

Touch:

-Pet the dog or cat

-Get a massage, manicure, or pedicure

-Melt into a comfortable chair

-Try on a pair of fur-lined gloves

-Use a cold compress or ice pack or a hot water bottle

-Allow a trusted person to hug you, or hug yourself

-Notice textures of a variety of materials

-Rub your arms and legs with lotions or oils

-Play with play-dough, sand, or Lego

-Bake something requiring kneaded dough.

Kinesthetics:

-Use a homemade or store-bought fidget (screw and nut, multi-tool, etc.)

-Ride a motorcycle

-Crawl under a very heavy blanket

-Play a sport

-Review and try exercises listed in the previous section

-Build a snowman or play a game with a child like “Tag” or “Follow the Leader”

Visualization Exercises:

Visualization exercises can be a simple way to overcome stress symptoms (Williams, & Poijula, 2016).

Guided Meditation:

Find a peaceful space and have someone you trust tell you a story centering around you imagining yourself in a peaceful place and within the story. Visualize the event. This can be something like imagining a caterpillar's journey in becoming a butterfly. Imagine yourself as that creature and the thoughts, feelings, and environment that you would experience. If you do not have someone you trust to guide you through this process, there are many online sources of guided meditations as well as recordings available in some stores or available for downloading. A trusted person could also record a guided meditation for you to use when they are not available.

Self-Guided Meditation:

Create your own story to imagine and walk through. Say it out loud to yourself so that you do not lose your way or your focus. Record it on your phone to remind yourself to return to this calm, safe space.

Arts:

Draw a picture, compose a piece of music, write a story or poem, or create a "one-person play" to act out a story. You do not have to share this with anyone; it is the creative and imaginative story that you tell yourself as you do this activity that takes you to that safe and secure place that matters. Explore different art or craft media. Remember, it is not the end result that matters, the point is to enjoy the process.

Journaling:

Reflecting on your actual, day-to-day story and how far you come in your journey can also be very helpful. This can be done in a mindful way, to reflect on thoughts and feelings without judgment, as well as a process of understanding your journey and imagining a better future. There is no right way to journal, it is open to creativity and preferences of the writer.

Peer Support:

There are two common ways that peer support can be used. One is in a peer support group setting, such as the support groups in OSI-CAN. Another is a one-on-one setting, such as a conversation with a trusted friend.

What is Peer Support?

Although no two journeys or experiences are exactly the same, Peer Support is a relationship between individuals or a group based on working through similar lived experiences. The intrinsic value of a peer support group is the authenticity in the approach, because the individuals know what it is like to have gone through aspects of trauma and recovery. The peer support network can offer practical steps toward recovery, access to helpful community resources, advocacy when there is "strength in numbers", reassurance that the individual is not alone in their experiences, and hope that recovery is possible.

What Effective Peer Support Looks Like:

-Acceptance: Recognizes that each person/peer has their own set of personal values.

-Equality: Considers relationships as being between equals. In this way, there is no power differential or power over another, but rather encouragement for the peer to have control and responsibility for their own decisions.

-Person-Centred: Using effective listening skills, the focus should be on the recovery of the peer. "Listening" does not mean "fixing".

-Authentic: Sharing personal recovery stories to offer hope for recovery

-Self-Care: "Taking good care of yourself means that others will receive the best of you, rather than what is left of you." – Carl Bryan, Tennis Coach

-Validation: Communicating to the peer that their experiences and feelings are valid parts of their journey

-Boundaries: Acknowledging that you cannot do or be everything for the peer. Setting up boundaries and providing limitations will help safeguard your mutual wellbeing.

The Mental Health Commission of Canada provides the following list of values best define peer support:

• Hope and recovery – acknowledging the power of hope and the positive impact that comes from a recovery approach

• Self-determination – having faith that each person intrinsically knows which path towards recovery is most suitable for them and their needs, noting that it is the peer's choice whether to become involved in a peer support relationship

• Empathetic and equal relationships – noting that the peer support relationship and all involved can benefit from the reciprocity and better understanding that comes from a similar lived experience

• Dignity, respect and social inclusion – acknowledging the intrinsic worth of all individuals, whatever their background, preferences or situation.

• Integrity, authenticity and trust – noting that confidentiality, reliability and ethical behaviour are honoured in each and every interaction

• Health and wellness – acknowledging all aspects of a healthy and full life

• Lifelong learning and personal growth – acknowledging the value of learning, changing and developing new perspectives for all individuals

What Effective Peer Support Does Not Look Like:

Without placing too much emphasis on negatives, it is important to be able to recognize when peer support has gone from helpful to harmful so that the situation can be rectified as soon as possible. It can be argued that poor peer support is more harmful than no peer support.

Peer support is **not**:

-illness-focused, but rather it **is** recovery-focused

-one person dominating the discussions in group settings repeatedly

-one person seen as an expert over another, telling that person what needs to be done

-a platform for the facilitator's causes and ideals

-a complete replacement for professional therapeutic intervention

Professional Therapeutic Interventions:

This reading material is not a replacement for professional therapeutic interventions, but rather attempts to complement that. Therefore, this resource does not give details on the therapeutic intervention strategies that professionals use. Below is a list of some of the best-practices which may be presented to you as you seek help from a professional for Operational Stress Injury. This is not a complete list; however, these practices are well researched and well supported and are worth trying with the support of a qualified therapist.

-Cognitive Behavioural Therapy (CBT)

-Exposure Therapy

-Eye Movement Desensitization and Reprocessing (EMDR)

-Traumatic Incident Reduction (TIR)

There are many other valid therapeutic choices for professional intervention. Professional intervention strategies are a useful part of moving forward after a threatening or destabilizing event for many people. Therapy does not need to be a reason for fear or shame. The reality is that professional help has a very real place in the recovery process.

Recovery

Recovery

Is Possible

What is Recovery?

"Recovery does not mean cure. Rather recovery is an attitude, a stance, and a way of approaching the day's challenges. It is not a perfectly linear journey. There are times of rapid gains and disappointing relapses. There are times of just living, just staying quiet, resting and regrouping. Each person's journey of recovery is unique. Each person must find what works for them. This means that we must have the opportunity to try and to fail and to try again."

— Patricia Deegan (via to-love-ones-self)

According to the Recovery Model…

Recovery is the process of gaining control over one's life and the direction that one wants that life to go. It is the process of "recovering" one's strength and identity after a diagnosis.

Hope is the belief that the ability and opportunity exists to engage in the recovery process.

Family is used to describe a person's chosen circle of support, or "family of choice".

Guiding Principles of Recovery

- There are many pathways to recovery.
- Recovery is self-directed and empowering.
- Recovery involves a personal recognition of the need for change and transformation.
- Recovery is holistic.
- Recovery has cultural dimensions.
- Recovery exists on a continuum of improved health and wellness.
- Recovery is supported by peers and allies.
- Recovery emerges from hope and gratitude.
- Recovery involves a process of healing and self-redefinition.
- Recovery involves addressing discrimination and transcending shame and stigma.
- Recovery involves (re)joining and (re)building a life in the community.
- Recovery is a reality. It can, will, and does happen.

Source: CSAT White Paper: *Guiding Principles and Elements of Recovery-Oriented Systems of Care.*

The Mental Health Commission of Canada provides the following dimensions for Recovery-Oriented Practice:

Dimension 1: Recovery creates a culture and language of hope

Dimension 2: Recovery is personal

Dimension 3: Recovery occurs in the context of one's life

Dimension 4: Recovery responding to the diverse needs of all living in Canada

Dimension 5: Recovery works with First Nations, Inuit, and Métis

Dimension 6: Recovery is about transforming services and systems

What does this mean for someone living in Recovery?

This means that there is an ongoing societal shift in the way mental health issues such as OSI are viewed. This movement is from a strict, medical model of "cure" to an inclusivity model of recovery.

Previous Understanding "Cure"	*Current Understanding "Recovery"*
Stabilization and Maintenance	Resiliency and Recovery
Disease/Disability	Wellness/Strengths
What's wrong?	What's strong?
Hierarchal	In Partnership
Mental Health	Whole Health/Wellness
Compliance to a plan	Engagement in a process
Dependence	Interdependence


RECOVERY
Expectations
Reality

Five Stages of the Recovery Process in Operational Stress Injury

1. Impact of Injury:

This is the stage, after the initial de-stabilizing or threatening event, when the individual's world seems shattered.

2. Life is Limited:

This is the stage when a person feels like giving up. Hope seems so far away and the effects of the injury, internalizing the stigma, and becoming the diagnosis stereotype (complete with added appointments to schedule) are overwhelming.

3. Change is Possible:

This is the stage when a person starts questioning whether or not the injury is truly disabling, and finds hope that even though life may be different, it can be more than the current experience.

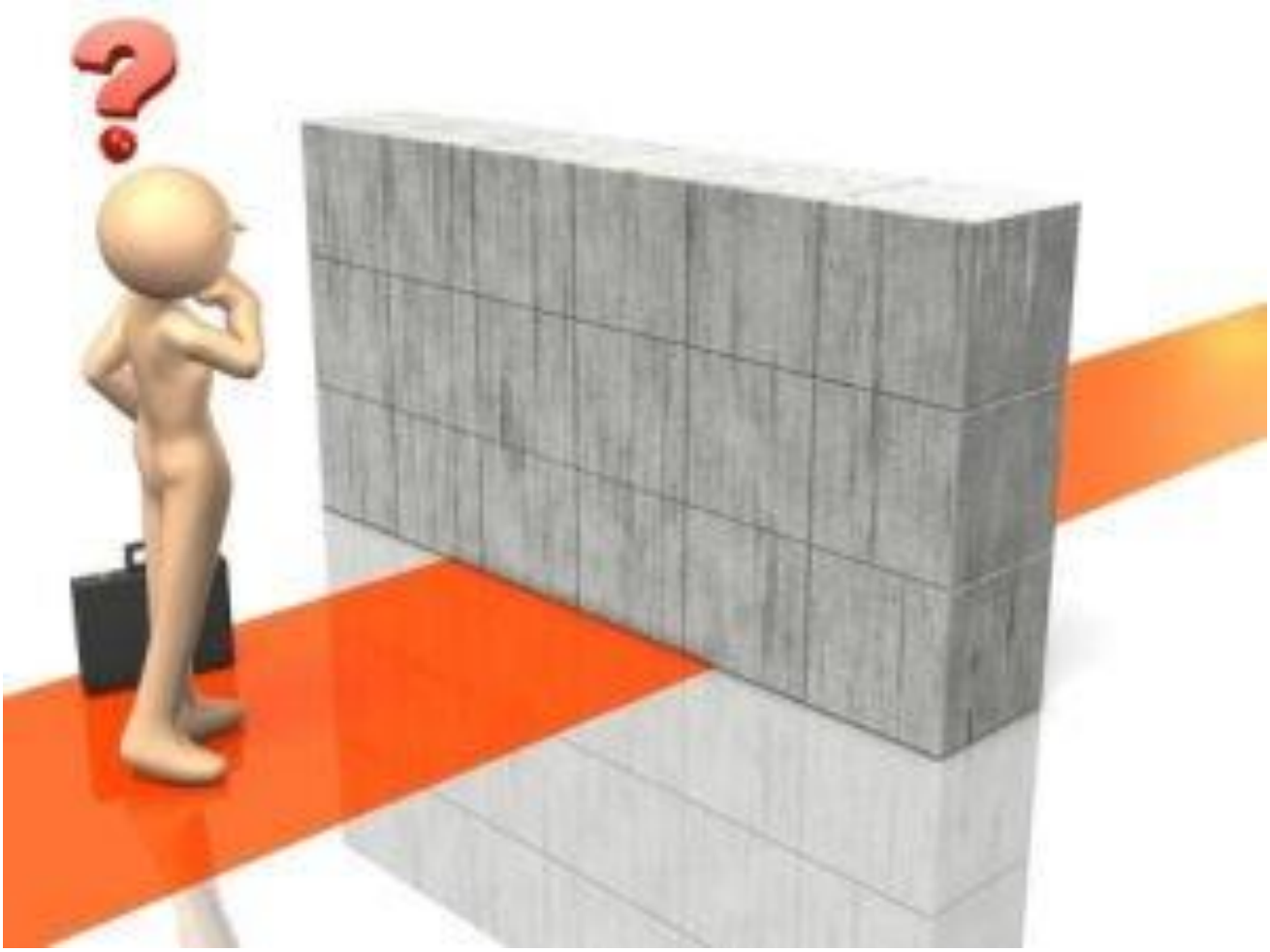
4. Commitment to Change:

This is the stage when a person starts challenging the disabling nature of the injury and determines that there can be a change towards a fulfilling life.

5. Actions for Change:

This is the stage when an actual plan for change occurs and there is forward momentum to recovering a fulfilling life.

***Please note: These stages are not always linear, like any journey one meanders back and forth through these stages with fluidity. That is alright. There is no single, correct path through recovery, there is only your path for you, and another's path for them.**



Barriers to Recovery

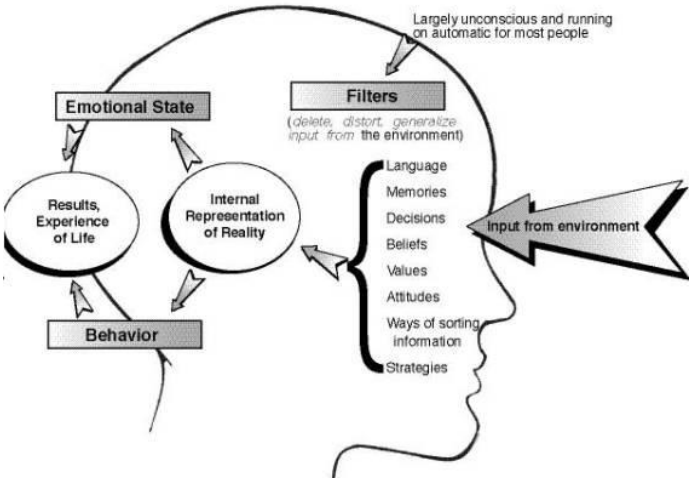
Negative messages from others

Negative messages from within (self-talk)

Problems/conflicts that come up

Breaking the Barriers

Negative messages from others



1. Life is made up of many experiences. In order to make sense of those experiences, people create beliefs
2. Forming belief systems is an act of protection
3. These beliefs help form an individual's identity
4. Once beliefs are created, a filter is created to protect those beliefs. This filter accepts information that is consistent with belief systems and rejects or distorts information that is contrary to belief systems.
5. People also naturally seek out information, and other people, who will support those beliefs.

Knowing that this is the case with all people, it becomes easier to understand why it is so difficult to overcome stigma, change someone's mind in an argument, or attempt change. When considering that there has been a prescribed way of dealing with mental illnesses and mental injuries like Operational Stress Injury, and this has recently changed to a new way of recovery-focus, it is easy to imagine that not all people understand or even register this new information. It hits the filter before it can be learned. A traumatic event challenges a person's belief system. A concept like recovery calls for a re-examination of beliefs and a willingness to re-calibrate the filters.

Some ways to combat this and get past the filter to change beliefs include:

-the right thing happening at the right time
-overpowering the filter with consistent, contradictory information from many sources
-integrating the new belief as an extension of the old belief system
-advocacy through organizations or other peers with lived experience.

Negative messages from within (self-talk)

Everyone sometimes experiences negative self-talk. This is a common experience, especially on days when nothing seems to go right. It becomes a problem when negative self-talk, and self-depreciating humour dominate a person's thoughts. It can become a downward spiral that ends up with a person creating the definition of self based on this negative language. Negativity can sabotage any activity, event, or relationship because the person does not see themselves as deserving or able to contribute in a meaningful way.

The key to interrupting this spiral is to notice when it is happening and evaluate the thought's validity. Is it true at this moment? Is it based on a self-belief? Is it something that someone else would say or think? Looking at the facts, alter the thought/self-talk to reflect what is really happening. It helps to stay in the present. For example, the thought needs changing if it starts with "I always" or "I never". Consider just this incident in this moment. Even if one action was misinformed or unwise, that is about the action, not the full identity of the person.

There are many acronyms that people and organizations have come up with to remember these steps. Once it is used a few times, the words associated with the acronym become automatic and just the short reminder of remembering the word is enough to set the thoughts in motion to end the negative self-talk. Here are a few examples of reminders to use, and the one that seems the easiest to use for any individual will be the one that works the best.

Catch it! Identify the thought.

Check it! Reflect on how useful the thought is.

Change it! Change the thought to a more accurate or helpful one as needed.

Adapted from Prairies to Peaks Consulting Inc.

S-O-S

S - Mentally tell yourself "STOP" to give you the opportunity to address the thought and interrupt the cycle.

O - OBSERVE what you are saying to yourself and how it is making you feel.

S - SHIFT your cognitive, emotional, or behavioural response by using positive coping skills

Adapted from Hilliard City Schools Wellness program

H - Hear the words you are saying to yourself

A - Ask, "Is this fair? Is this real?"

L - Let yourself explore the truth or reality

T - Transform the words to fit with what's real.

Adapted from the words of a peer supporter

The Reframe

Another way to combat negative self-talk is known as the **reframe**. This will seem funny, like a joke, but the more a person does this, the easier it is to break the cycle. The reframe works like this:

Be present with the criticism that you are saying to yourself and understand the situation.

THEN

Come up with a positive or something that you learned from the situation instead.

For example:

"I never do anything right." EXCEPT - I made a good cup of coffee this morning.

- I put my pants on one leg at a time.

- My sweater isn't inside out.

-The challenge is to continue the list until you are laughing enough to say, "I do a lot of things right".

Problems/conflicts that come up

When problems or conflicts arise, it can become a reason to withdraw to the trauma state, such as repeating old patterns or behaviours of coping/survival. This is sometimes called "relapse". Think of it as the Band-Aid being pulled off of the healing process for your Operational Stress Injury.

There are three major ways that these problems arise:

From the environment
From others
From within

Environmental Conflicts:

Environmental conflicts refer to those problems that occur through places, events and sensations outside of one's self. When a problem occurs in the environment, one way of solving it is to use the PICBA method.

Problem: Clearly identify the problem. Although it might seem as though everything is a problem, when you look at it to define it, it will really be one specific thing.

Impact: Identify what you are doing that may be contributing to the problem, or your impact on the situation.

Cost/Benefit: Explore the pros and cons of solving the problem. Sometimes this works nicely with a weighted pros and cons list; other times, it is just about thinking of how important a solution is to your further wellbeing. If it is not important, sometimes it is good at this stage to let go of the problem.

Brainstorm: Come up with 3-5 ways of solving the problem

Action: Pick a couple of ways from your brainstorming that would be effective and make that an action plan.

Example:

Problem: The construction on the road outside is making noises that increase my anxiety.

Impact: Every time I walk past to see what they are doing I get more agitated.

Cost/Benefit:

Costs *to solving the problem*

-The workers already think that I am a complainer

-I may have to be assertive as I voice my concerns

-It is a waste of time to be on hold when I make complaints to the City.

Benefits *to solving the problem*

-I would feel less jumpy without the noise

-I would be able to tend my garden in peace

Brainstorm:

I could: -File a complaint with the City

-Talk to the workers about a compromise

-Put in my earbuds with my favourite music and block out the noise

-Go visit my friend across town for coffee until the construction hours are over

-Every time I want to go and check on the progress, decide to eat a cookie instead.

Action: I will try working around the house and gardening with my earbuds in and listen to some comforting music. If this does not block out the noise well enough, I will go visit my friend across town.

Relationship (others) Conflicts:

Step 1: Try to see the issue from the other person's perspective. Use that insight to let them know that you understand their point of view and affirm that it is a valid point of view.

Step 2: Relate the other person's concerns to your experiences. This is where the other person learns your point of view. It is important to do this gently so that the other person does not turn your voice off and stop listening.

Step 3: Offer a "we" statement that creates a partnership in offering a new way of doing things.

*Repeat as often as necessary

Internal (self) Conflicts:

When struggling with Operational Stress Injury, one of the major conflicts comes from within. Negative self talk and nightmares, are all examples of internal conflicts. One of the most difficult internal conflicts that people with OSI face is referred to as **"triggers"**, or sights, smells, sounds, or events that remind a person of the de-stabilizing or threatening event. A flashback is more than just a memory, it is a distinct, emotional reliving of the experience. It may seem as though this is an environmental conflict; however, it has very little to do with the actual situation and more to do with the brain's interpretation of the environment. The "here and now" may be safe, but the feeling produced by the interpretation makes it feel as though it is unsafe.

Once you recognize that the triggers are internal, and not of the environment, there are some steps that you can take to reduce their impact:

1. Recognize your triggers: Take notice, when you are triggered, exactly what it was. Be specific. Remember that this emotion is caused by sensory input, so concentrate on what that input was.

2. Breathe

3. Ground yourself in the safe "here and now"

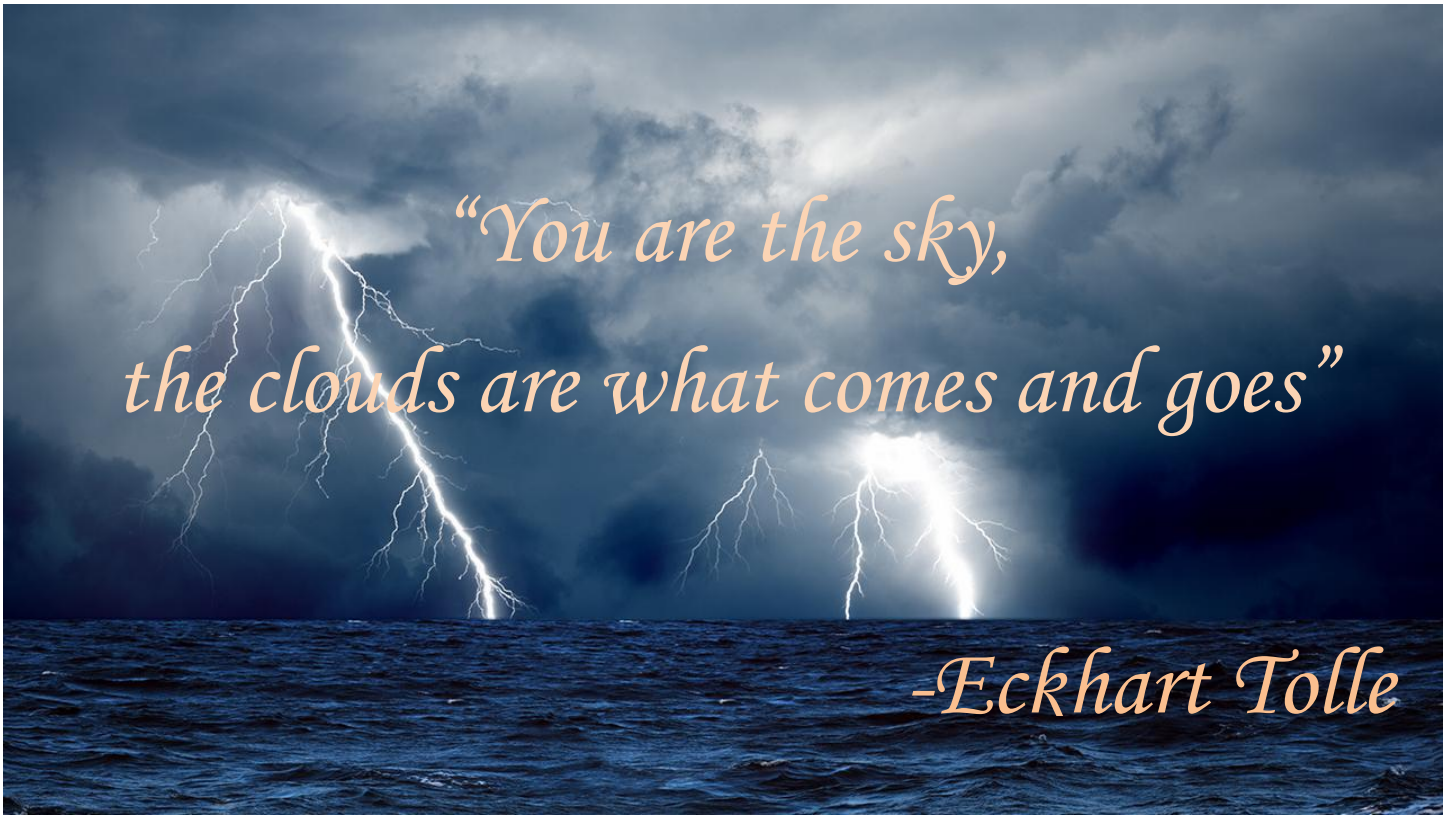
It may be beneficial to start by avoiding the triggers to feel safe. Completely removing triggers should only be done **with the help of a professional** and is a process. A good first step is to recognize your triggers to regain your power over them. Then you can choose to avoid, ignore, or face your fears.

Healing is not an event, it is a process!

Recovery is Possible!

Although the de-stabilizing or threatening event will never be erased from a person's story, it is possible to recover the things in life that bring joy and happiness, as well as the relationships that matter. It is possible to, once again, feel hope for the future and to find meaning and quality in life. Recovery does not mean a cure, and it **does not** mean that all things will be as they were before the destabilizing or threatening event; but it **does** mean having a sense of control and power over life.

This journey does not have to be taken alone and is usually easier with support. In fact, you are not alone! There are likely many people and organisations that feel the effects of the trauma of each individual. There are also many people and many organisations that can offer support through the difficulties. Every person's story is uniquely their own, but the process of trauma is a "normal" response to an abnormal situation. It is important to remember that **you are not alone**.


"You are the sky,
the clouds are what comes and goes"
-Eckhart Tolle

For Those That Care

TRAUMA-INFORMED CARE: GUIDING VALUES
"HEALING HAPPENS IN RELATIONSHIP"

Trauma-Informed Care

Trauma-informed care is often discussed as a professional approach to people experiencing trauma; this also applies to family, friends, and co-workers who care about people with an Operational Stress Injury for two important reasons:

1. It informs the most sensitive way to ensure that the person with an Operational Stress Injury can feel safe with those who care about them.

2. It informs the sort of advocacy that may be required for optimal professional interventions on behalf of the person who is experiencing the Operational Stress Injury if they are having difficulty advocating for themselves.

What is Trauma-Informed Care?

Trauma Informed care is a strengths-based approach that is grounded in an understanding of and responsiveness to the impact of trauma. It emphasizes physical, psychological, and emotional safety for both providers and survivors to rebuild a sense of control, choice, and empowerment.

Aspects of Trauma-Informed Care

Communicate with compassion: Instead of asking, "What is wrong with you?" ask "What happened to you?"

Understand the Prevalence and Impact of Trauma: Learning about trauma in general, such as through the earlier pages of this and similar documents, as well as the specifics of the trauma of the person with an Operational Stress Injury, and how this impacts everyday life.

Promote Safety: Creating an environment around yourself and the person with OSI of physical, psychological, and emotional safety

Earn Trust: It is often hard for someone who has experienced trauma to trust others. Earn that trust by not making promises that cannot be kept. Remember that trust is desirable but cannot be demanded in order to work together. Model trust for the person with OSI.

Embrace Diversity: Just because the person with an OSI has a different idea of what recovery looks like than you do, that does not make it wrong. Differences are natural, and respecting and validating another person's perspective helps them regain their power.

Provide Holistic Care: Care and support comes in many forms. Sometimes it is as personal and interactive as joining in with the exercises as suggested on page 43, sometimes it is systemic in ensuring that others follow the trauma-informed guidelines, and sometimes it is just about being present with the person, doing something together that is not about the trauma.

Respect Human Rights: The person with OSI that you care about is vulnerable. Ensure that their human rights are being respected by you and others.

Pursue the Person's Strength, Choice, and Autonomy: The de-stabilizing or threatening event that produced trauma in the person that you care about has given them a sense of loss. This may include their own power, strength, control, ability to choose, confidence, sense of worth, and sense of autonomy. A person who cares can offer some restoration of this simply by not dictating what that person "should" do, but rather listening and supporting what that person wants to do.

Share Power: Related to the previous, it is important to give up some of the power in the caring relationship to the person who does not have it. This sharing of power reinforces the sense of autonomy and strength within that person.

If you care about someone with Operational Stress Injury you may experience:

Burnout

Compassion Fatigue

Vicarious Trauma

PTSD

Unhealthy self-soothing methods

As you take care of someone else, it is important for you to also take care of yourself. Caring for people who are vulnerable comes with its own set of risks.

Compassion Fatigue

Compassion Fatigue is often described as "the cost of caring" for others in emotional and physical pain. It is characterized by deep physical and emotional exhaustion and a pronounced change in the helper's ability to feel empathy for their friends, loved ones, and co-workers. It is marked by increased cynicism, a loss of enjoyment of caring, and eventually can transform into depression, secondary traumatic stress and stress-related illnesses.

Signs: Exhaustion • Reduced ability to feel sympathy and empathy • Anger and irritability • Dread of working with certain clients/patients • Diminished sense of enjoyment of career • Hypersensitivity or Insensitivity to emotional material • Difficulty separating work life from personal life • Absenteeism – missing work, taking many sick days • Impaired ability to make decisions and care for clients/patients • Problems with intimacy and in personal relationships

Vicarious Trauma

Vicarious Trauma is the development of an increased awareness of the reality and occurrence of traumatic events, making the people who hear about them more aware of their vulnerability. This leads to feelings of loss of control and helplessness. This can affect how people relate to their families, friends, and partners. Caregivers may also experience changes in esteem for themselves and for others. The impacts on areas of psychological need include: safety, trust, esteem, intimacy and control. Vicarious Trauma is generally seen as a sudden shift of worldview that can impact the carer's sense of spirituality, boundaries, and relating to others.

Signs: For a list of signs and symptoms, see the section in this document entitled "Signs and Symptoms" starting on page 24.

Post Traumatic Stress Disorder

Post Traumatic Stress Disorder (PTSD) can occur if the person who has Operational Stress Injury has violent behaviours or attempted/completed suicide. As explained earlier, trauma can be transferred to others if not dealt with.

Signs: For a list of signs and symptoms, see the section in this document entitled "Signs and Symptoms" starting on page 7.

Burnout

Burnout describes the physical and emotional exhaustion that people experience when they have low life satisfaction and feel powerless and overwhelmed. However, burnout does not necessarily mean that the person's view of the world has been damaged, or that people have lost the ability to feel compassion for others. Respite (taking a break) can provide immediate relief to someone suffering from burnout.

Signs: Cynicism or being overly critical • Having trouble getting started with the day • being irritable or impatient with others • lack of energy • Lack of satisfaction from achievements • feeling of disillusionment about relationships • use of food, drugs or alcohol to feel better or to simply not feel • change in sleep habits or appetite • unexplained headaches, backaches or other physical complaints

Addictions and Substance Abuse

Someone who cares for others may come to rely on substances, such as alcohol, legal or illegal drugs, over-eating, under-eating, or other risky behaviours, to bring short-term relief from difficult or painful feelings, often those associated with their responsibilities. The effects of substances can make problems seem less important, interactions with others easier, and can mimic the healthy practice of self-care. The person may come to believe that he or she cannot function or make it through the day without the fix. When the person uses substances to escape or change how he or she feels, using can become a habit, which can be hard to break. Continued substance use, especially heavy use, can cause changes in the body and brain.

Signs: The four "C"s of Addiction:

- *craving*
- *loss of control of amount or frequency of use*
- *compulsion to use*
- *use despite consequences.*

How to Take Care of Yourself

Help the Person with OSI Establish a Support System: It is important that you do not feel as though you are the only person that can help another with Operational Stress Injury. Being the only line of support can be isolating and harmful. It can create unhealthy relationships that get in the way of the recovery process as well as create an atmosphere of intense stress. Find other people, organisations, or peer support groups for the person you care about and help them find the courage to incorporate these supports. This is a healthy choice for both people.

Set Boundaries

It often feels good to say, "I will be there for you no matter what." This is neither helpful to the support person nor the person with OSI. It sets up unreasonable expectations which dashes hopes of the person of OSI when they cannot be fulfilled. Instead, set out guidelines to exactly what help can be provided, times that the support person is inaccessible, and reasonable expectations which can be fulfilled. It is said that good fences make good neighbours, and this is also the case emotionally as well as physically.

Maintenance of Your Own Support Systems

It is important to have support while you offer support. Maintaining connections with one's own faith community, service groups, interest groups, or volunteering opportunities can be a time to take a break and to remember yourself outside of the role of caregiver. Also, people that care about you can provide feedback and point out if you may be starting to stretch yourself too thin or overestimate your own ability. Listen if they start commenting that you look tired, etc. Also, sharing with trusted individuals in these groups can give you perspective if you are feeling alone or bogged down by what you are experiencing.

Positive Self-Talk: At times it may seem as though the help and support that a person gives is incorrect or not enough. This is because the nature of OSI is fluid and ups and downs are natural. As a support person, it is difficult to consider that and easier to focus on fixing. It is not the support person's job to fix anything or anyone. The things that seem like mistakes, or not enough can also be beneficial as learning opportunities or creating coping mechanisms to deal with others who will do the same thing. It is often best to apologize and move on. Listen to the person's response to the apology and it will help you respond differently in the future. It is important that a support person reminds themselves of this in order to avoid the negative self-talk spiral described on page 72.

Maintain Physical Health: Get enough rest, eat regularly, and exercise. See a doctor, dentist, physiotherapist, etc. when needed.

Take a Break: Take some physical and mental time away from the person who has OSI. During this time, do not think about the OSI issues that person presents. The mindfulness exercises presented on page 44 can help to disengage for some time. After a break, all things can be seen and experienced with new eyes.

Self-Care:

By definition, self-care is any necessary human regulatory function which is under individual control, deliberate and self-initiated. It is important to remember that self-care is not selfish. Some people may see it this way, but that is part of their individual belief system not grounded in truth. Here are some examples of what some people do for self-care.

1. Go cloud-watching.
2. Play a video game
3. Meet up with an old friend
4. Play a board game with family
5. Go window shopping
6. Have a mini-meditation
7. Take a painting class
8. Unplug for an hour
9. Take yourself out for dinner.
10. Edit your social media feeds,

For other self-care suggestions, see pages 53-57. Many of those techniques can also be adapted to self-care.

There are really two key rules to self-care:

1. Keep it reasonably healthy –self-care should not have a negative impact.

2. Remind yourself who you are –The chosen activities for self-care should re-establish self-identity. It is natural to think of the people you care for when you are not with them. Make these moments times when you are not thinking about them. This will refill your empathy tank.

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