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Operational Stress and Retention

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Before I begin, I should qualify my remarks by stating that my work has predominately focused on the treatment and rehabilitation of released or about to be released members who have serious, complex or chronic mental health problems arising from their service. Opening and operating one of the Operational Stress Injury Clinics under contract to Veterans Affairs Canada has been very rewarding experience and the professional highlight of my career. My interaction with, and understanding of, the Canadian Forces, its medical system, Reserve units and Military Family Support Centres and Integrated Personnel Support Centres has been via that that frame of reference. It's important to remember that my comments arise from that experience and are given through that lens. I am very aware that I am speaking as someone who is somewhat an outsider to the Canadian Forces, and am less informed than you about many things that are happening within the CF. Nevertheless I hope that my comments and observations will be complementary to the other voices you have heard, and of some value.

I would like to touch on some concepts and raise some thoughts to ponder regarding operational stress and how we attend to it. I will attempt to give some practical context to the issue of operational stress, and if possible, expand our thinking

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beyond the current mental health perspective on operational stress injuries. And, for the purpose of today's agenda, I want to consider operational stress from the viewpoint of how it may impact Reservist retention after deployment.

First, let's lay some foundation. The current prominent conceptual framework for psychological stress in operations is centered on Operational Stress Injuries, or OSI. That is, the concept that psychological injuries as well as physical injuries can occur in the course of fulfilling military duties. This is the framework with which I am most familiar and have worked in for the past five years.

The OSI perspective arose from the recognition that a (thankfully) small but important percentage of servicemen and women experience persistent psychological problems, some highly debilitating, as a result of events that occurred in their military service. It is necessarily founded on a medical, clinical perspective of traumatic stress, which is both its strength and perhaps its limitation.

OSI has become the expedient conceptual vehicle, or organizational bucket, for a spectrum of needs. Its strength is that it is reasonably well grounded in theory, and has quickly gained sufficient credibility with important stakeholders to be the spring board for a range of valuable organizational and cultural changes. But its strength can also be a limitation if it causes one to only think of operational stress in terms of disabling conditions and psychiatric diagnoses. Without diminishing the need to address the reality of serious psychological outcomes, there is a broader perspective on operational stress that would benefit from not being tied so closely to medical models; One that may be relevant to the well-being and performance of larger numbers of regular and reserve members.

For example, perhaps the starting place is to recognize that the military profession is, by nature, psychologically demanding and uniquely stressful. We do, or should, recruit for psychological fitness and compatibility for the role. We test and train our members under artificially induced physical and psychological stress as a necessary part of preparation and skill development for demanding duties. In this view, psychological stress and coping is tied more closely to the notion of operational fitness, readiness and performance. In deployment, we expose our members to very demanding roles and situations, highly untypical of civilian life. We expect a high level

of performance and our members rise to the challenge. From this perspective, the presence of some post-deployment psychological effects are the expected norm. Although they can be signs of potential medical problems to come, they are also, in themselves, normal human reactions. In this view, everyone is affected in some way by psychologically demanding operations and traumatic situations. Every member's responsibility, and leader's responsibility, becomes the optimal re-adjustment to unit life and community life after deployment, as part of Force fitness and readiness. OSI's are merely one subset of that continuum of wellbeing, requiring specialized attention.

Next, what is the nature of the link between deployment stress and retention. There is the organizational loss of valuable expertise and lost man-years of future service through the medical release of those who do not fully recover from physical and mental health conditions. Accompanying this is the profound personal loss of career and quality of life for the individual, and the burden of illness that is experienced by family. Beyond this visible impact, however, there is the potential for less visible impact from voluntary separations. At the heart of a reservist's decision to enlist, continue to parade, volunteer for deployment or leave the service voluntarily, is a mix and a balance of objective and subjective motivators: strongly held beliefs, values, perceived benefits and rewards, challenges and detractors.

We should also qualify, or better define, what we mean by operational stress. Clearly, operational stress and its impact is not a singular entity. It has dimensions that vary widely from individual to individual and from situation to situation. For some, the experience of a physical and psychologically demanding deployment, including exposure to traumatic events, can enhance satisfaction with military service, pride of accomplishment and support a desire to continue to serve. For others, it creates ambivalence, causes distress, alters beliefs about self and the world in a way that negatively impacts motivation to continue in service. For the reservist, possibly more than the regular force member, the dynamic balance of positive and negative motivators for continuing in service can reach a tipping point based on the experience during and after deployment.

We do know, statistically, that the psychological risk increases for everyone with increased exposure to potentially traumatizing circumstances and sustained exposure to

psychologically demanding situations, especially in the presence of physical stressors such as lack of sleep, and mental and physical exhaustion. Combat and other war zone duties are near or at the top of any list of such stressful environments, and can result in the most treatment-resistant conditions when they do occur. But many non-combat operational environments are not far behind on a stress continuum, and there are also unintended outcomes from accidents and atypical events at training and base level.

We also know that everyone brings a subjective experience and a personal history to life events. The nature of the interaction between the event and its subjective experience is complex and highly variable. Research seeks to uncover predisposing risk factors within the individual, but the best we can do is point to statistical associations between events and outcomes among large study groups. With some notable exceptions, the predictive value of the findings for any given individual remains very limited because of the great variability in outcome. But that is a topic for another discussion.

With that background, let's look at our current strategies related to operational stress and operational stress injuries.

In the past 15, years the Armed Forces of Canada, along with those of the US and most western nations have made unprecedented advances in addressing psychological impact of military operations on personnel and their family members. The advances that have impressed me the most are not ones within the medical branch related to advances in treatment or service delivery, but advances within the executive chain of command, within leadership; initiatives related to deployment support at all levels, administrative casualty support, peer support and family support. Although we who work "close up and personal" with these issues see short comings in the initiatives and gaps yet to correct, the CF has been widely recognized by other forces and nations for enacting many innovative changes in a very short time. We have heard about many of these initiatives yesterday and today at this conference.

We heard yesterday about how successful the integration has been for Reservists and Regular Force members on task. For example, how it is impossible to distinguish reservists from Regular Force in the operational milieu. But we also began to hear yesterday about some of the unique circumstances for Reservists post-deployment. For

my presentation, I want to continue to consider the unique aspects of Reservist life and how they relate to operational stress and the interventions we have put in place to address it.

Based on the concept of OSI, a framework of policies, strategies, interventions, and procedures have been developed, with the purpose recognizing those in need of professional assistance and intervening as early as possible to ameliorate the negative impact of operational stress on the individual (and, indirectly, achieve better management of human resources for the organization). Some of these initiatives are: awareness, training and stigma reduction regarding mental health for all ranks, screening and referral procedures, access to appropriate treatment and medical case management, peer and family supports for the injured, return to work strategies for the recovered, and transition supports for those who are not able to regain full functioning in the military workplace. There has also been increased psychosocial support for families of deployed members and increased efforts to better prepare all service men and women psychologically for the demands of deployment.

Let's further consider some of these initiatives in the context of the Reserves. Awareness of OSI and stigma reduction about mental health has been a targeted agenda for all ranks and especially for leadership at all levels. The organizational commitment to integrate this into training and make it an expected competency is admirable. Col Blais and General Tabbernor spoke directly about the need for this information to reach all levels of the Reserve force. I won't say more about that, except to emphasize that it is the necessary foundation upon which many of the other initiatives will succeed or fail. I urge you to ensure that it is fully adopted in your command areas.

Another initiative is post-deployment screening, and referral of those who are experiencing signs of operational stress injuries. Screening processes based on self-report come with a host of inherent limitations, especially if they are seen as a gateway to being identified as having a mental health problem. But, it is still vitally important to do and we need to get the most value we can from them. The effectiveness of these methods depends very heavily on the ability to follow-up over time, and here lies a additional challenge for Reserve units.

Initial post-deployment screening sometimes identifies a need for immediate professional intervention. But for many others, screening may show elevated responses that are to be expected, and the need is to follow-up and monitor to see whether responses return to normal levels over time. One of the most common concerns I have heard expressed is the difficulty in following-up when a Reservist starts to distance him or herself from the unit. While the Regular Force member is in some respects a captive audience, there is a suspicion that many reservists who experience problems will distance themselves from their unit. Conversely, when Reservists distance themselves from there unit post-deployment, it is hard to know whether it is due to problems related to OSI or other factors. Some units have been innovative in finding ways to maintain connection and follow-up, and I hope there is a way for each Reserve branch to share or communicate internally their experience of success with this challenge.

Beyond screening strategies, persistent or emerging stress reactions are best detected through interactions with peers, observations by superiors and concerns raised by family members. In this regard, the situation for a reservist returning to class A is very different from regular force members returning to unit. The Reservist's civilian workplace supervisors and peers are not knowledgeable regarding the operational experience and are not trained to recognize lingering deployment-related emotional or behavioural problems.

Even when the psychological sequelae of deployment does not each clinical or disabling levels, altered beliefs about self and unresolved ambivalence about his or her role, disturbing memories, lingering hyper-vigilance and unexplained anger can weigh heavily on a Reservist's decision to continue in service or seek release. We need to find venues for these personal experiences to be resolved positively, without the member having to accept a mental health intervention. The returning regular force or full-time member has the benefit of the base or unit work and social milieu as a normalizing influence. I also gives them a benchmark for the gradual return to post-deployment life, pace of work, self-evaluation and the opportunity for informal peer debrief to reconcile negative aspects of the deployment experience. In contrast, the Reservist will not have that opportunity in their civilian workplace, and may not find it at the unit if there are few others with similar deployment experience there. Can we create non-pathologizing venues and opportunities for this aspect of post deployment adjustment for the

reservist? I don't know, but perhaps we can. Maybe it is already happening informally at some locations.

Family deployment stress is also different for the Reservist. Many Reservist families accept or tolerate their loved one's part-time participation in the military, but consider themselves a civilian family and have not adopted the identity of a military family. Nor do they have the support of the larger community of military families that is present at Regular Force bases. I have seen great advances among Military Family Resource Centres in serving Reservists' families, and the knowledge gained in how best to do this should be documented and shared among all Military Family Resource Centres for the benefit of Reservist families everywhere.

Finally let's consider return to work, both in terms of reintegration after deployment, and return to work after OSI. The return to work strategies for Regular Force after temporary physical and psychological conditions is receiving more attention in the last year or two and this is a very good thing. For the Reservist, however, there are unique additional challenges. I was pleased to hear the good discussion about that this morning. There is a duality for the reservist for the return to work process. That is, the return to work process for the civilian workplace, and the return to work process for the Reserve unit. We heard earlier that both need attending to concurrently. Return to both civilian work and military employment is especially complicated after an OSI or when psychological readjustment issues are still unresolved. If the Reservist perceives competing demands between the need to focus on a return to the civilian workplace and the need to focus on a return to military employment, such that the Reservist feels he or she has to make a choice, then the Reserve unit will likely lose out to the civilian workplace. I believe this will be especially true when lingering symptoms of operational stress and distress are still in the mix.

My take home message is similar to that of many of the other speakers you have heard over the past two days. It is an encouragement to find a perspective on the broader topic operational stress and the narrower topic of operational stress injuries that makes sense to you in terms of the unique circumstances of the Reserves, and adopt and tailor the innovations arising from the OSI framework so that they can be effectively implemented within your commands and units. You and your chain of

command are the experts on how that can be accomplished, but there is also much help and organizational support available to assist you in that process. I encourage you to make full use of it.