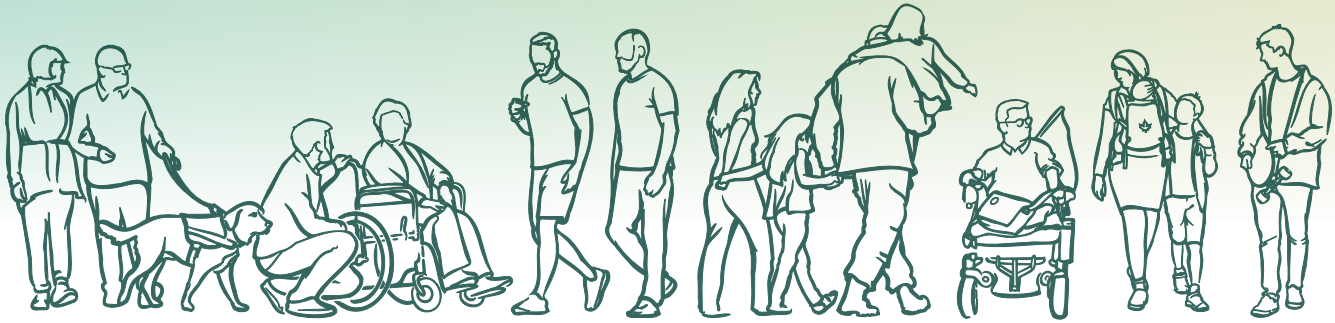


# VETERAN FAMILY VIRTUAL SUMMIT 2024: POST-EVENT SUMMARY REPORT

January 26–27, 2024



## SUMMARY

Building on the success of the first-ever national summit focusing on the needs and experiences of Veteran Families, the Atlas Institute for Veterans and Families hosted the second annual Veteran Family Virtual Summit in January 2024. This event focuses on Veteran Families because the cost of service impacts not only those who have been members of the Canadian Armed Forces (CAF) and Royal Canadian Mounted Police (RCMP) but also their Family members, and Families deserve to have their needs addressed alongside those of their loved ones who have served. The purpose of the Veteran Family Virtual Summit is to understand the unique challenges and needs of Families, to identify supports and to lift up the stories and experiences of Families so that other Family members know they are not alone. All Veteran Families deserve access to knowledge, resources and supports that speak to their specific experiences and address their needs.

This year's Veteran Family Virtual Summit was a success, seeing higher levels of registration than the previous year. While the majority of attendees were Family members or Veterans, many service providers, government employees and researchers also attended the events, speaking to the wider community's desire for information about how to support Veteran Family members.

The event's presentations covered topics such as community support, grief, intergenerational trauma and chronic pain, military identity, and traumatic brain injury, among others. Panel presentations included discussions on compassion fatigue and the experiences of Families and Veterans from the RCMP. Following the event, Atlas has continued to receive positive feedback, demonstrating the need for more discussion about the mental health and well-being of Veteran Family members throughout the year. The overall message of the summit was that *you are not alone and your experiences matter*.

## FROM OUR ATTENDEES

**When I had an “ah-ha!” moment listening to the discussion panel, realizing that I am actually experiencing compassion burnout... not just being irritable and having sleepless nights, now I have a name for it! And can deal with it knowing what it is, not just carrying on, wondering what is wrong with me!**

**I found the most encouraging piece is that a lot of what I have felt and lived through, others have too.**

It was very encouraging and inclusive with the RCMP. With Veterans Affairs serving both, it is so nice to have our RCMP featured and to see the same learning about OSIs (operational stress injuries) and struggles are similar.

The most important thing I took away from today was the importance of recognizing that resilience does not mean not-affected. With positive family experience, trauma does not mean that families will fall apart.

**The support that is available. I have many new bookmarks to help me transition out medically now and feel less alone.**

# REGISTRANTS: BY THE NUMBERS

Note: In the registration survey, registrants could choose more than one identified, which means these combined numbers add up to more than the total number of registrants.



## Who registered?

- 632 people registered for the event – an increase of nearly 200 registrants compared to last year. 409 Family members of a serving member of the Canadian Armed Forces (CAF), Royal Canadian Mounted Police (RCMP) or Reserve Force, or of a CAF or RCMP Veteran
- 183 service providers
- 109 CAF Veterans
- 81 government employees
- 66 researchers (i.e. at an academic institution, hospital or non-profit organization)
- 13 policy makers
- 24 serving members of the CAF
- 5 serving members of the RCMP



## How old were those who registered?

- 13.7% – 25–34 years
- 20.9% – 35–44 years
- 27.4% – 45–54 years
- 27.1% – 55–64 years



## Where are registrants located?

- 137 from Ontario
- 36 from Quebec
- 46 from Alberta
- 41 from Nova Scotia
- 18 from British Columbia
- 13 from Manitoba
- 9 from Prince Edward Island
- 13 from New Brunswick
- 8 from Saskatchewan
- 5 from Newfoundland and Labrador
- 8 from outside of Canada
- 1 from Yukon



## Where do registrants live?

- 37% in urban communities
- 34% in rural/remote communities
- 27% in suburban communities

# DAY ONE – JANUARY 26, 2024

## KEYNOTE BY STÉPHANE GRENIER— A STRANGER IN MY HOME

When it comes to mental health, Stéphane Grenier, CM, MSC, CD, LLD walks the talk. His autobiography, *After the War: Surviving PTSD and Changing Mental Health Culture*, tells his story from the day he landed in the midst of the Rwandan genocide, through his journey of changing mental health culture in the Canadian military and developing national guidelines for peer support with the Mental Health Commission of Canada. Stéphane's autobiography also includes the story of how he started Mental Health Innovations (MHI), a consultancy that leads innovative and sustainable change in organizations to enhance the mental health of their people. Stéphane's vision is a world where people no longer face barriers to good mental health.



### **Key messages:**

1. Social support is an important aspect of recovery and well-being, alongside clinical and therapeutic interventions. We can “crowd-source human benevolence” to increase social supports so that a holistic approach to mental health is taken, leaving no one overlooked.
2. Families impacted by the operational stress injuries (OSIs) of their loved ones must be granted access to clinical services, in their own right. Family members are entitled to their own health and well-being.
3. Clinicians can provide better services to Veterans and Families by “de-medicalizing” the language they use. Mental health professionals can improve relationships and outcomes for Veterans and Families by adapting their language to suit the needs of their clients.

## **MELANIE NOEL – THE INTERGENERATIONAL TRANSMISSION OF TRAUMA AND PAIN: COMMUNITY IS THE ANTIDOTE**

Melanie Noel, PhD, RPsych is a professor of clinical psychology at the University of Calgary and a full member of the Alberta Children's Hospital Research Institute and the Hotchkiss Brain Institute. She directs the PEAK (Pain Education, Advocacy, Knowledge) Research Laboratory within the Vi Riddell Children's Pain and Rehabilitation Centre at the Alberta Children's Hospital. Her expertise is on children's memories for pain and co-occurring mental health issues and pediatric chronic pain. She is passionate about partnering with people with lived experience to transform how we understand and treat people with pain.



### **Key messages:**

1. Trauma and pain are closely linked. Trauma in a parent can heighten the risk for pain and trauma in a child.
2. Despite this risk, there is incredible resilience, especially in Veteran Families. Resilience can be strengthened through social and community support and through validating communication in Families. Positive childhood experiences can be an antidote to trauma.
3. Co-design and co-development of programs with lived experience experts (e.g. Veterans, spouses, children and health care professionals) can help to create solutions to break the intergenerational cycles of pain and trauma and that harness the strengths of Veteran Families.

**There are resources out there. Ask for help. And for people working in the field, meet families where they are at. There is no 'one-size-fits-all' approach. These are people, these are families. Their experience matters.**

**ATTENDEE**

## **CHRISTINA HARRINGTON – EXPLORING AND NAVIGATING UNSPOKEN GRIEF IN VETERAN FAMILIES**

Christina holds a PhD in social work and has practised in clinical roles for more than 20 years. Her doctoral dissertation focused on the bereavement experiences of Family members of our fallen heroes in Afghanistan. She owns and is the Director of Social Work Solutions Canada in Hamilton, Ont. Christina was raised in a military Family where her dad doubled as a part-time volunteer firefighter and her mother was a nurse. She is now proud to be part of a police Family.



### **Key messages:**

1. How we understand grief has changed over time as we move away from notions of closure and mourning, which can be understood as the “social recognition of loss.”
2. Grief can remain unseen, unexpressed and minimized, which can lead to complicated or disenfranchised grief. Disenfranchised grief can be experienced when a loss is not acknowledged or recognized as significant, or when someone does not feel they have the right to grieve.
3. Veteran Families experience their own unique forms of unseen grief that have only started to be acknowledged and understood.

**There are many resources, support services and individuals available out there who understand where you're coming from - it just takes a moment to reach out and connect with them.**

**ATTENDEE**

## MARIE-EVE GENEST – A LIFE PUNCTUATED BY GRIEF

Marie-Eve Genest, GC is a Veteran Family Program Coordinator and Valcartier Military Family Resource Centre (MFRC) Psychosocial Services Manager. With a bachelor's degree in psychology and a master's in guidance counselling, Marie-Eve has nearly 20 years' experience in psychosocial intervention, mainly in community organizations. Having joined the Valcartier MFRC in 2015 as a Guidance Counsellor, she then had the privilege of being responsible for setting up and developing the Veteran Family Program from the very beginning of its pilot phase. She continues to work with Veteran Families while serving as Psychosocial Services Manager for Valcartier MFRC. Marie-Eve's past experience as a military spouse sparked her interest in supporting members of the military and Veteran community.



### **Key messages:**

1. Grieving is a state in coping with loss that often requires a lot of resources. Different types of loss can trigger grief. The more attached we are to what we've lost, the more painful mourning becomes, requiring more care and time.
2. To move through the stages of grief, we call on both internal and external resources. When our resources provide us with support in proportion to the challenges we face, we are in a state of growth resilience, or resilience that allows us to grow. Conversely, when the challenges are great and/or the resources are limited, we fall into survival resilience or a state where we do all we can to survive, despite the fact that we try to do the best we can with what we have at the time of loss.
3. Giving a lot without receiving enough in return risks depleting us. Rebalancing can take different forms: talking to ourselves as if we were talking to a close friend, giving ourselves the right to be unwell and to have limits, remembering that everyone does the best they can with what they have at the moment they take action, identifying what might be the smallest bite to take to try to avoid deterioration or improve our trajectory.

## **PANEL PRESENTATION: COMPASSION FATIGUE – HOW DID I GET HERE?**

**Moderators: Laryssa Lamrock and Polliann Maher (Atlas Institute)**

### **Panellists:**

- Tabitha Beynen – CAF Veteran
- Jeanette Slater-Norminton – military parent and spouse
- J Don Richardson. MD. FRCPC – psychiatrist
- Elizabeth Gough – spouse of a CAF Veteran

Veteran Family members are often the first line of support for their loved ones living with mental health challenges. Compassion fatigue can be common when Family members have ongoing, direct contact with loved ones who are in crisis or require significant support. This panel of Veteran Family members gave voice to those who have been through this journey firsthand, sharing their lived experiences, what resources or support helped them and how they have learned to have a better life/support balance.

### **Key messages:**

1. Caring for a loved one with a mental health injury can feel all-encompassing for Family members, which may feel like losing yourself in caring for others. You are not alone in this feeling.
2. Compassion fatigue and burnout are not the same. With compassion fatigue, the Family member is taking on the pain and suffering of those they are caring for, and not having any compassion left for themselves – this can happen quickly. Caregiver burnout is when Family members become both physically and emotionally exhausted due to their role as a caregiver/supporter and tends to happen over time.
3. Although it can be difficult, it is important for Family members to make a conscious effort to prioritize their own wellness. Even doing one small thing is a start and it can be helpful to seek connection and education. There is hope.



Tabitha Beynen



Jeanette Slater-Norminton



J. Don Richardson



Elizabeth Gough



# DAY TWO – JANUARY, 27 2024

## KEYNOTE BY DAPHNE MCFEE – INFORMING THE FORGOTTEN

Daphne McFee is a retired RCMP sergeant who has spent most of her career within national security threat assessment and investigations. She joined the RCMP in 1986 and was released on a medical discharge in 2015. Daphne is a certified yoga teacher, poet and published author of two children's books. Her second book, *It's Not Cuz of Me*, focuses on helping children understand posttraumatic stress disorder (PTSD) and facilitating discussions within the Family unit.

### Key messages:

1. Children are often forgotten in the healing process. They can be impacted more than we think, but at the same time they also have the capacity for resilience, understanding and acceptance.
2. The lack of resources to explain PTSD to young children led to the writing and publishing of *It's Not Cuz of Me*. Communication within the Family is important, as is letting Family members see your humanity by letting them in on moments of strength and struggle.
3. Although we are all on our own path, there are tools to help spouses cope while still being able to support their partner and be there for their children. This can include: hope, compassion and understanding; making time for self-care; practising creativity; asking for support; spending time with friends and Family; exercise and meditation; practising vulnerability with yourself and others.



## **LYN TURKSTRA – EFFECTS OF MILD TRAUMATIC BRAIN INJURY ON THE FAMILY: MANAGING COGNITIVE CHALLENGES AT HOME**

Lyn S. Turkstra, PhD, CCC-SLP, BC-NCD(A) is a professor and Assistant Dean for Speech-Language Pathology in the School of Rehabilitation Sciences at McMaster University. Her research focuses on effects of traumatic brain injury (TBI) on cognition and communication. She is co-author of international practice guidelines for TBI rehabilitation and is a TBI subject matter expert for the U.S. Department of Defense and Veterans Health System. She and Jackie Bosch, PhD, Assistant Dean for Occupational Therapy at McMaster, are leading a clinical trial of cognitive rehabilitation for Veterans with mild TBI, in collaboration with the Atlas Institute.



### **Key messages:**

1. A concussion is a mild traumatic brain injury (mTBI). mTBI can be sustained from force applied to the head or body.
2. The cognitive effects of mTBI are underdiagnosed and undertreated in Veterans and can have profound effects on Veterans and their Family members.
3. There are strategies that can help reduce the effects of cognitive impairments and support successful interactions between Veterans and their Family members. This can include: trying one thing at a time; writing things down; troubleshooting challenging situations; picking your time and place for discussions; recognizing that trying harder does not always help – sometimes you need to pause and come back to it at a later time.

## **KEVIN CAPOBIANCO – WHEN CLOSE CONNECTION FEELS FAR AWAY**

Kevin Capobianco earned his PhD in clinical psychology at the University of Waterloo. He has experience assessing and treating PTSD and other mental health challenges in hospitals, OSI clinics and other outpatient clinic settings. He finds working with first responders, CAF members and their Families particularly rewarding.



### **Key messages:**

1. Healthy close relationships have real and important benefits, including positive effects on our physical health, greater mental health resiliency and improved life satisfaction. Healthy close relationships are built on trust, respect, and intimacy.
2. OSIs experienced by one person within a close relationship can make it harder to ensure that the relationship is healthy and satisfying. Changes in the person experiencing the OSI, in their partner and in the relationship each play a role in this strain.
3. By developing skills and attitudes that are beneficial for relationships (e.g. communication skills, self-awareness, compassion) and by learning to break out of negative and self-perpetuating relationship cycles, close relationships can be strengthened.

**I was completely unaware of the prevalence of mTBIs (mild traumatic brain injuries) and the real possibility of a missed diagnosis explaining some of my husband's lingering issues.**

**ATTENDEE**

## **HÉLÈNE LE SCELLEUR – LIFE IN THE SHADOW OF THE UNIFORM: AN OFTEN FORGOTTEN FAMILY IDENTITY**

Captain (Ret'd) Hélène Le Scelleur enlisted in the CAF in March 1990 when she was only 17 years old. She joined the first female cohort in the infantry trade at the Régiment de Maisonneuve in Montreal. Hélène's love for service to her country led her to join the Regular Forces in 1999 where she served a further 17 years, primarily as a health care administrator and taking on numerous assignments and deployments. After releasing in 2016 following a diagnosis of PTSD, Hélène pledged to pursue doctoral studies with the aim of finding new solutions to deal with the identity crisis that follows the transition to post-service life for military personnel living with an OSI.



### **Key messages:**

1. The formation of military identity is greatly influenced by military culture and its many rites of passage. This very strong identity, which is reinforced throughout a member's career, often stays in place during the transition to post-service life. The military identity does not need to be replaced after service – rather, we need to develop other areas of the self.
2. Military culture and identity do not only concern the individual serving in the military, but also the entire Family system around them. The needs of service can sometimes strain the Family.
3. Cultural competence in relation to military culture is important for understanding the realities that affect serving members and Veterans, but also their Families. The development of tools or training would be an asset to this understanding.

## PANEL PRESENTATION: WE SERVE – FAMILIES OF RCMP VETERANS AND VOICES FROM BEHIND THE BADGE

**Moderators: Laryssa Lamrock and Polliann Maher (Atlas Institute)**

### **Panellists:**

- Maddison Kelly – adult child of an RCMP member
- Jim Wong – RCMP Veteran
- L. Paul Woods – Corporal (Ret'd), MSM
- Sandy Phillips – spouse of an RCMP Veteran

For both those who put on the RCMP uniform and their loved ones, there is often a tangible impact of the dedication needed to serve Canadian communities. Many RCMP Veteran Families go through their own unique challenges and experiences while standing alongside those they love – a form of service in its own right. This panel of RCMP Veteran Family members focused on sharing the lived experiences of that special strength and courage, with participants talking about how knowledge, community and hope has played a significant role in their journeys.

### **Key messages:**

1. Panellists shared that there are few mental health resources created solely for RCMP Veterans and Families. Because those existing resources can be difficult to navigate, RCMP Veterans and Families are looking for education on how to better navigate what is available to them.
2. Family members serve alongside their RCMP loved ones and as such, these Family members have an unwavering sense of pride.
3. What you are going through is not forever – you are going to get through this.
4. Family members can pick up on changes in the Veteran even before the Veteran realizes or admits there is an issue. Open communication with Family is very important and will help all members of the Family heal together.



Maddison Kelly



Jim Wong



L. Paul Woods



Sandy Phillips

# WHAT WE HEARD

## KEY FEEDBACK

**Q: What was the most important thing you learned from this event?**

**A (Day 1):**

- Availability of service providers/resources/support
- Validation for experiences
- We are not alone

**A (Day 2):**

- Availability of service providers/resources/support
- The importance of Family
- We are not alone

**Q: What did you enjoy most about the summit?**

**A (Day 1):**

- Insights shared
- Inclusion of lived experience
- Presentations

**A (Day 2):**

- Presentations
- Inclusion of lived experience
- Authenticity of presenters, panellists and emcees



**83%** of respondents agreed/strongly agreed that the summit improved their understanding of Veteran Family mental health.



**86%** of respondents agreed/strongly agreed that their own experiences were reflected during the Summit.

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**Disclaimer:** Views and opinions expressed are solely those of the Atlas Institute for Veterans and Families and may not reflect the views and opinions of the Government of Canada.