

# **Soldiers' Children**

## **The Voices of Children in Military Families Living with Post Traumatic Stress Disorder**

**A Documentary Tool Kit by Laura Sky**

### **USER GUIDE FOR COMMUNITY SCREENINGS**

“We hope to break the silence. You’re not alone even if you often have the impression you’re alone. But there is hope for everyone.” -- *Caroline Lemieux*

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## How to use this Guide

*Soldiers' Children* was developed to raise awareness and encourage dialogue. The documentary tool kit meets the outreach needs of agencies that serve military families, including established PTSD programs, military personnel support groups, front line mental health agencies, family support groups, professional associations, social service providers, and faith groups. Policy makers form another natural audience for the film.

This guide is for facilitators who wish to present *Soldiers' Children* in community and military settings. It provides an outline of the five chapters and tips for leading a discussion, along with preparations for a screening and running a technical check.

## Who is the film for?

*Soldiers' Children* was made for military children and youth, their families, and those who work with them.

Because the challenges examined in the film are not unique to the military, we think *Soldiers' Children* will engage young people in policing families, as well as the families of paramedics, police officers and firefighters. Young people in the film speak directly to their peers, challenging the invisibility and shame associated with PTSD. They share their coping skills, their insights and their strengths. Their advocacy makes compelling viewing for young people everywhere.

For this reason the documentary may hold special interest for teachers. Teachers and guidance counsellors are often the first line of care for children in families living with PTSD. *Soldiers' Children* provides a much needed resource for these professionals, who may want to screen the film in schools and at meetings of their professional association. The film may also be a resource for healthcare providers in family medicine and mental health, including social workers, psychologists, nurses and doctors.

Last, but not least, we made *Soldiers' Children* for the many people who care about the wellbeing of children.

## A. CHAPTER GUIDE and POINTS FOR DISCUSSION

To research this documentary we talked with many military children and their families across the country. They showed us that it is not only military personnel who experience the pain of Post Traumatic Stress Disorder (PTSD). Children and spouses spoke of their own traumas in living with the consequences of PTSD.

The children live behind a wall of silence while developing, paradoxically, a wealth of experience. Many respond to a parent's PTSD with confusion and shame, which often causes them to seek safety in silence. Yet they have also developed coping skills and strengths that deserve to be recognized and shared with others in the same situation.

The process of healing from PTSD involves the whole family.

### **Chapter 1 [18:39]**

#### **The Leconte Family – *My Dad is not crazy or bad.***

Veteran Louis Leconte has PTSD. His daughters Jessica (18) and Patricia (15) struggle along with their father. The girls live in emotional isolation, dealing with their father's mood swings, anxieties, and volatility. "A couple of my friends know, but they just don't get it. I don't want them to think that my Dad ... is crazy or bad."

Jessica and Patricia have empathy for their father's struggles. And they know that he loves them. "He really watches over us. Sometimes we don't like it, but sometimes it's a good thing. And he cares a lot about us. He'd do anything for us."

"The kids were the first to know." -- *Louis*

### **Points for Discussion**

#### THEMES

- Family experience of PTSD before diagnosis
- Changes kids notice in a military parent
- Impact on kids of military parent's anger, volatility and reclusiveness

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- Burdens of shame: at home, at school
- Living on an emotional rollercoaster
- Transformative effect of diagnosis for families
- “Being strong” – the struggle to be a strong parent *and* a loving parent; the struggle for children to hold it together at school after stress at home
- Living with the loss of the parent they once knew
- Barriers to conversation between parents and children
- Siblings coping in different ways
- Hope, empathy and fear: living with contradictory feelings
- Building understanding and empathy between parent and child/children.

## QUESTIONS

1. Any thoughts? Moments that stand out?
2. How do you understand PTSD?
3. We know that the time before diagnosis can be extremely stressful. How can kids find a path through this phase?
4. “It’s a rollercoaster,” says Jessica. How would you describe that rollercoaster? How is it different from the ups and downs of other families?
5. When kids compare their family life with other families, what differences are they likely to notice?
6. How might PTSD at home interfere with school life?
7. How do you help yourself when you are a child?
8. Why is the diagnosis helpful for children? How does it change things?
9. What are the barriers to conversation about PTSD between parents and children?
10. How were the girls coping before? How are they coping now?
11. How can siblings help each other?
12. What changes do kids notice when a parent with PTSD starts to get better?
13. How do kids and parents find a way back to each other?
14. How can a parent be loving while struggling with the symptoms of PTSD?
15. What are Louis’s strengths as a parent?
16. What do you think are the good learnings the girls are taking away from this?
17. How can we help parents with PTSD see their own strengths and achievements?
18. How do kids reach through their own confusion to develop empathy for a parent with PTSD?
19. How can kids explain PTSD to other kids?

## **Chapter 2 [22.27]**

### **The Kingston Family: Sam, Hollie and Luc -- *It's not his fault at all.***

Sam (10) has a close bond with his stepfather, Luc. Since retiring from the military, Luc has struggled with PTSD. He is full of regret and guilt about his inability to contain his flashbacks and outbursts. Hollie, Sam's mother, feels like the buffer between Luc's PTSD and the family's need for equilibrium.

Sam understands that his own innocent behaviour can trigger terrible memories for Luc. He has learned that, as a child, he is not to blame. Sam also knows that "it's not his fault at all - he's just trying to control it as best as he can."

Sam tries to understand Luc's flashbacks: "I remind him that he isn't in the military at that moment, but he's home in Kingston with me."

## **Points for Discussion**

### THEMES

- Triggers in daily life
- The lot of "the peacemaker:" burdens, strengths
- Managing PTSD: "it takes so much energy"
- Context of military life: deployments can disrupt family life and friendships between kids
- Context of military life: grief for lost comrades
- The value of family therapy, art therapy and play therapy
- Explaining PTSD to kids
- Kids explaining PTSD to each other
- Finding family pleasures and rebuilding family routines
- Being understood within the family
- Finding realistic hope
- The search for tools to manage daily life.

### QUESTIONS

1. Any thoughts? Moments that stand out?
2. Living with PTSD can be exhausting. What gives hope to families?
3. Military life often separates family members from each other and may disrupt children's friendships. What are Sam's tips for managing separation?
4. How has Sam come to understand stepfather Luc's flashbacks and trigger points?
5. How is Luc trying to model social behaviour for Sam?

6. Some parents with PTSD worry about the example they set for their children. What would help them manage this concern?
7. How do these parents envision a different life? How do they want family life to change?
8. Luc and Hollie talk about the extra load that can fall on one parent when the other has PTSD. What organizational supports are needed? What informal supports?
9. What are the burdens of being “the peacemaker?” What strengths do peacemakers develop?
10. How can we support parents with PTSD as they strive to be the best parents they can be?
11. How can parents with PTSD share their learning with other parents?
12. What kinds of family therapy might foster hope?
13. Speaking about their military experience can be daunting for military personnel and veterans, and most with PTSD don't tell their families what might have traumatized them. How can families balance respect for the privacy of a vulnerable parent with the need to ask, in order to understand?

## **Chapter 3 [21:49]**

### **The Lamrock Family – *It's possible that I can heal, that my Dad can heal.***

Kayla (22) and Brittany (18) are sisters in a blended military family living in Meaford, Ontario. Their father, Steve, served in the infantry for 24 years. He was posted to the Gulf War, Bosnia, Croatia and two deployments in Afghanistan.

“You don't know who your parent is when they're struggling with PTSD because all of a sudden—(they are an) entirely different person .... You change the way you act to try and make them not as angry.... So, you kind of lose who you are.” -- *Brittany*

Grandparents Audrey and Chuck experienced the loss of their son as they knew him before his service overseas. They are doing their best to support Steve as he is now. The extended family can be a source of connection, support and healing.

## **Points for Discussion**

### THEMES

- Multigenerational loss: grandparents lose the son they knew; children lose the dad they knew
- Grandparents as supports during crisis
- Self-blame (all generations) for causing PTSD
- Marital separation: some couples separate, in part because of PTSD, compounding loss for kids
- The children experience the loss of the support system their father once provided – confusion
- What are the sacrifices that children make?
- Who can help you if your support system disappears?
- Role of schools: supporting military children under pressure, respecting boundaries
- Managing school and friends when living with PTSD
- Grief, guilt and regret of the parent with PTSD
- How families rebuild trust, hope and supportive relationships.

### QUESTIONS

1. Any thoughts? Moments that stand out?
2. How did the kids know that something was wrong? What are common things for kids to notice?
3. How can siblings, cousins, and grandparents support each other when a family is living with PTSD?
4. How can friends support a family living with PTSD?
5. Family members often seem to blame themselves for PTSD. What might help them avoid this?

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6. When children fear they have lost their support system, what can they do?
7. What sacrifices do military children make?
8. How can children find a safe person in whom to confide?
9. What could schools do differently? How can teachers support military children facing this challenge? What can guidance counselors do?
10. How can kids find other kids in the same situation?
11. How can parents with PTSD see their own strengths as parents?

## **Chapter 4 [30:14]**

### **Military Mothers – *We wear the invisible uniform.***

At the Valcartier Canadian Forces Base near Québec City, we spoke with two military mothers. Three decades apart in age, Mesdames Élizabéth Dallaire and Caroline Lemieux share common ground as military spouses and mothers. They manage the consequences of military PTSD in their family life.

Referring to their military husbands, Caroline Lemieux says: “They build themselves a thick shell. They want to be strong in our eyes. They want to come back and say, ‘I’m the man of the situation, the man of the family. I can’t cry. I can’t let it show that I’m not well.’ And -- a little like Madame Dallaire -- the first time I saw my husband break down and cry ... You cry with him.”

“The children did not ask for this.” -- *Caroline*

### **Points for Discussion**

#### **THEMES**

- Military culture: sacrifices required of families and spouses
- “Men will be men.” Military/male culture and its effects on military families experiencing PTSD
- Heightened anxiety during deployment, rebuilding family after deployment
- Competing responsibilities: protect injured partner from the stress of family life, protect children from volatile parent
- Child as parent: trying to protect the spouse or other children from the psychological symptoms of PTSD
- Extended family support systems; role of friends
- The Legion as a “safe place” for veterans to share military experiences with each other
- Maintaining or rebuilding connection to a changed spouse
- Recognition between women, across the generations.

#### **QUESTIONS**

1. Any thoughts? Moments that stay with you?
2. When their husbands returned from deployment with the symptoms of PTSD, what were the changes that caught the attention of these two military wives?
3. Military spouses are often the first line of care for psychologically injured soldiers. They are the rocks, the lifelines, the security blankets. What do they need to sustain themselves?
4. Spouses of soldiers with PTSD may be the key players in a healing process that could take decades. What supports would help them in this role?
5. How do military wives negotiate a path for their families and themselves?

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6. Caroline describes competing responsibilities: protect the kids, protect the injured spouse. What would give hope to other spouses in her situation?
7. What kinds of organizational supports would help military families living with PTSD? What kinds of informal supports?
8. Children in the same family may experience in different ways a parent's struggle with PTSD. What kinds of therapeutic programming might be useful to young children? How might programming for adolescents appeal to their interests and strengths?
9. How do Elizabeth and Caroline honour their own independence?
10. Caroline says she had to relearn to love the person her husband had become. How do you think she did that?

## **Chapter 5 [18:22]**

### **Valcartier Filmmakers – *Thousands of other people living the same thing as us.***

At the Valcartier Family Centre near Québec City, we brought together a group of young people whose parents have served in the military. The teenagers created a short docudrama about their experiences as military children. They filmed re-enactments of some of their tougher times: family preparations for deployment, what it was like when a parent returned with PTSD. They shared their personal experiences and discussed their ideas about kids helping kids through these hard times.

“We definitely have to talk about it because if no one talks about what they feel ... we will always think we're alone. But that's not true. There are thousands of other people living the same thing, so why not just talk about it and help each other?” -- *Anabelle*

## **Points for Discussion**

### THEMES

- Telling your own story
- Overcoming shame
- Anxiety; ways of managing anxiety
- Barriers to talking about PTSD with friends
- Barriers to talking about PTSD with teachers or counselors
- Kids helping kids
- Evaluating programs with feedback from kids

### QUESTIONS

1. Any thoughts? Moments that stay with you?
2. Why is it important to tell your own story?
3. Do you think making a film helped the participants talk about their family experience with PTSD? Why or why not?
4. How can kids help kids?
5. What can friends do to help if a friend chooses not to talk about their family experience with PTSD?
6. What kinds of supports would be helpful to kids living with PTSD at home?
7. Are there things that schools could do differently to support kids living with PTSD at home?
8. How can we make sure these programs appeal to kids? How can we assess programs to make sure they're helping?

## ORGANIZING FOR SPECIAL AUDIENCES

Facilitators working with groups over a period of weeks or months may wish to screen one chapter at a time, following it with discussion (suggested themes and questions, pp 6-14).

### Families

Chapters 1, 2 and 3 explore the family experience with PTSD, with emphasis on the changes that matter to children and how children come to understand the problem. Chapter 3 provides a glimpse of play therapy and art therapy for families. Chapter 4 includes discussion of the differing ways children in the same family may respond when a parent comes home with PTSD.

### Fathers and daughters

Chapters 1 and 3 are portraits in contrast. Two sets of sisters, aged 15 to 22, discuss their struggles and their attempts to learn about PTSD, their fathers and themselves.

In Chapter 1 we meet Patricia (15) and Jessica (17), still early in the struggle to understand what is happening to their dad and how his symptoms affect their family. Chapter 3 introduces Brittany (17) and Kayla (22), who have benefited from counseling as well as support from their extended family in their efforts to understand their father's PTSD. The young women demonstrate a range of coping skills.

### Teenagers

Teenagers would perhaps take most interest in Chapters 1, 3 and 5, where the experiences of adolescents and young adults take centre stage. Chapters 1 and 3 follow two sets of sisters who look back on their childhood and early teenage years. Chapter 5 introduces teenagers collaborating on a PTSD outreach project and learning to make a film.

### Spouses

In Chapter 4 two military wives, thirty years apart, compare their experiences of living with a spouse who has PTSD. They discuss their difficult times, their strengths, and their survival strategies.

## B. RESOURCES

### Definitions

**Post traumatic stress disorder** is one of the ways human beings respond to trauma. PTSD is a medical term; the diagnosis is made by a doctor. The medical definition of PTSD helps doctors to diagnose and researchers to study the condition, but does not always give a complete picture of how people experience PTSD. Here is how the Canadian Mental Health Association explains it:

“Something is traumatic when it is very frightening, overwhelming and causes a lot of distress. Trauma is often unexpected, and many people say that they felt powerless to stop or change the event. Traumatic events may include crimes, natural disasters, accidents, war or conflict, or other threats to life. It could be an event or situation that you experience yourself or something that happens to others, including loved ones.

PTSD causes intrusive symptoms such as re-experiencing the traumatic event. Many people have vivid nightmares, flashbacks, or thoughts of the event that seem to come from nowhere. They often avoid things that remind them of the event—for example, someone who was hurt in a car crash might avoid driving.

PTSD can make people feel very nervous or ‘on edge’ all the time. Many feel startled very easily, have a hard time concentrating, feel irritable, or have problems sleeping well. They may often feel like something terrible is about to happen, even when they are safe. Some people feel very numb and detached. They may feel like things around them aren’t real, feel disconnected from their body or thoughts, or have a hard time feeling emotions.

CMHA ([http://www.cmha.ca/mental\\_health/post-traumatic-stress-disorder/#.U8AgabGofCY](http://www.cmha.ca/mental_health/post-traumatic-stress-disorder/#.U8AgabGofCY))

### Operational Stress Injuries (OSI) and PTSD

PTSD is one of several stress and anxiety disorders that may appear in soldiers or former soldiers. These disorders are sometimes grouped together and called **Operational Stress Injuries [OSIs]**.

**Operational stress injury [OSI]:** Any persistent psychological and biological difficulty that can be attributed to functions carried out by a Canadian Forces member as part of an operation. The expression is used to describe an entire range of disorders that generally result in a diminished ability to cope. -- *Valcartier Health Centre*

OSI is a non-medical term. It covers a range of psychological responses to operational stress, such as anxiety, depression, PTSD, substance abuse, etc. OSI can develop following a traumatic event, but also after combat, grief or loss, high stress situations or operational fatigue.

“As an OSI takes hold in a soldier or former soldier, you may see changes to their displays of emotion and anger, level of alertness, loss of interest, social withdrawal and social anxiety, changes in intimacy and affection. They may have difficulty sleeping including nightmares, insomnia, and onset of an appearance of exhaustion. This can lead to a partner lashing out at their spouse and family members, and the soldier may appear much less patient. These changes in behaviour lead to overreactions, commonly with an increased, or different, use of drugs and alcohol. You may see changes like aggressive driving, mood swings and or an increased pattern of avoiding of persons or situations that once may have been common in their lives.”

“These invisible wounds that injure the mind and spirit can be just as fatal and debilitating as physical wounds.” -- *Operational Stress Injury Social Support (OSISS)*. See [www.OSISS.ca](http://www.OSISS.ca)

OSI is a broader term than PTSD, but the symptoms overlap. Some people use the terms interchangeably.

Lt. Col (retired) Stéphane Grenier is a Military advocate for personnel and Veterans suffering from OSIs. He writes:

“Operational stress injuries such as PTSD translate into very real symptomatic responses which cause various types of difficulties: substance abuse, decreased performance, decreased concentration, family problems, divorce, violent outbursts and even suicide. In many cases, leaders and peers interpret these behavior changes without realizing that these soldiers are in fact affected by an OSI.

Those who suffer from OSIs have had their image of fairness or stability of the world so disrupted that they are forced to devote much of their time and energy adjusting to the emotional disturbance this has caused. This struggle alone is believed to be one of the main contributing factors for these reported personality changes occurring after the onset of PTSD. The lack of understanding often causes secondary wounding which hinders the recovery process even more.”

## Resources

If you're looking for information about programs and services to support military families living with PTSD or OSI, your research might take several routes. Some programs described here may have been replaced with new programs or redefined under a new mandate, so it may take a little sleuthing to track down the person or program who can help you most. If a program described on a website is no longer functioning, please don't give up! This is such an important first step.

For starters, try the following:

1. **Military Family Resource Centres (MFRC).** There are 32 MFRC's in Canada, (7 in the United States, 4 in Europe). These third-party, independent organizations provide programs and services in both official languages (including deployment and reunion, education and training, children and youth, health and wellness). You can do this online, over the phone or in person -- MFRC staff will route you to the nearest program. The portal for all MFRCs is [www.FamilyForce.ca](http://www.FamilyForce.ca).
2. This site provides general information and links to your nearest MFRC. To identify resources by location, use <http://www.familynavigator.ca/> - the online toolkit for Canadian military families. "You're Not Alone" (downloadable booklet) summarizes mental health resources for military personnel, Veterans and families.
3. The **Family Information Line** is a national service. It's confidential, bilingual, and it runs 24/7. You will be connected to professionals who are well versed on CAF communities and services, as well as national and local resources. Call 1-800-866-4546 (international) or 1-613-995-5234 (collect).
4. **Operational Stress Injury clinics** may be useful to Veterans – some offer workshops targeted to youth, for instance. Families can participate in some programs along with the Veteran. For a link to the closest clinic, visit <http://www.veterans.gc.ca/eng/services/health/mental-health/understanding-mental-health/clinics>. This site has good information and some useful tools.
5. Operational and Trauma Stress Support Centres run psychoeducational sessions for family members of patients (CAF members only) at Halifax, Gagetown, Valcartier, Ottawa, Petawawa, Edmonton and Esquimalt. Elements of OTSSC programs are also available at other locations. Go to: <http://www.forces.gc.ca/en/caf-community-health-services-mental/index.page?#otssc>
6. It's worth your time to check out **Operational Stress Injury Social Support (OSISS)**. This is a peer support service to help spouses, Veterans, and CAF members through individual meetings and support groups. Call 1 800 883-6094 or visit [osiss.ca](http://osiss.ca). Again, confidential and bilingual.
7. Another route to counselling is the **Canadian Forces Member Assistance Program (CF MAP)**. It's confidential, available for all CF members and immediate family (parents, spouse, children). Short-term counseling is free and offered by a professional in your area. You can call 24/ 7, 365 days a year. Call 1 800 268-7708.

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8. Some locations have particularly well-developed programs. The Valcartier Family Centre, for instance, offers a number of services that include confidential counseling and support for individuals, couples and families. Call 418 844-6060 or 1-877-844-6060.
9. Valcartier is the source of a number of high quality programs and publications. The E=MC3 Group is an 11-week program of workshops for families with a member affected by an operational stress injury. One program is organized for families with children aged 7 to 12; a second program is offered for families with children aged 4-6. Elements of this program are available nationally. Call 418 844-6060 / 1 877 844-6060 or visit [Familyforce.ca](http://Familyforce.ca).
10. Valcartier has developed or updated booklets for children about PTSD and OSI. "Why is Daddy like he is?" (by Patience Mason) and "When the Events of Life Leave Their Mark." Available in English and French. Call 418 844-6060.
11. Chaplain Service. Offers spiritual, religious, moral and ethical support to Canadian Forces members and their families. Confidential service: ask your base chaplain.
12. Director Military Services and the Royal Ottawa Health Care Group. "The Mind's the Matter." A web-based interactive video for Canadian Forces families who may be living with someone who has an Operational Stress Injury. See [www.Familyforce.ca](http://www.Familyforce.ca)
13. Kids Help Line: From trouble with homework to dealing with loss, grief, or thoughts of suicide, kids can talk to professional counselors who provide anonymous, confidential and non-judgmental support 24 hrs a day, 7 days a week. The counselors have access to a database of over 37,000 local resources. This means that no matter where a young person is calling from, the counselor can connect them to a service in their community. The website offers interactive and educational supportive information on a variety of topics from bullying, violence and abuse, dating, school, family, emotional health and sexual orientation. Toll Free: 1-800-668-6868. On the web, go to [www.org.kidshelpphone.ca](http://www.org.kidshelpphone.ca) (with pages for teens – age 20 and under – and children).
14. If you're looking for resources you can access on your iPhone, smart phone or tablet, try OSI Connect. It's a free app, in English and French, available at iTunes, Blackberry and Android app stores. It was created by the Royal Ottawa OSI Clinic. It provides information and assistance for people living with post traumatic stress disorder, anxiety, depression, substance abuse and other operational stress injuries, and for family members.
15. You might also want to check out PTSD Coach Canada, an app to help manage symptoms that can occur after trauma. Features include: reliable information on PTSD and treatments that work; tools for screening and tracking symptoms; convenient tools to help handle stress; direct links to support and help. The advantage of the apps is that they are always with you when you need them.
16. Blogs are another resource that some people find helpful. One that's often mentioned is Military Minds Spouses. It's on Facebook.

## Frequently asked questions

1. Someone I know might have this problem. What can I do?

The first step is to read about PTSD and OSI. It helps if you understand something about these conditions and how they can be treated.

The next step is to talk to someone who knows about treatment options and support services in your area. Your Military Family Resource Centre is probably the fastest route to this information – and it's confidential. If you're not living near an MFRC, try OSISS (peer driven). If you're under 20 you can use the Kids Help line.

2. How can I help other kids going through this?

You can be a huge help to other kids by being nonjudgmental – in other words, by listening and showing that you understand why family life can get complicated. It might help to talk to your guidance counselor or a teacher you trust about finding other kids in your school, and about things you can do together. Ask your MFRC for ways you can connect with other military kids.

3. My dad gets so mad but he won't go for help. What do I do?

It's difficult to live with anger at home, and you may need to take action to look after yourself. Try to find an adult you trust – someone in your family, school, church -- or call the Kids Help line (it's confidential). It's important to have someone to talk to. You can strategize together and find paths to move forward.

In the end, only your dad can make the decision to seek help. But you can find ways to take care of yourself and plan for the future. Hang in. It may take a while, but better days are ahead.

Many parents find it challenging to explain PTSD and OSI to younger children. The following may be useful for those conversations:

Q. Is it my fault if mommy / daddy gets mad? Or if they have an OSI?

A. No, it's not your fault. No child is responsible for their parent's OSI. Even if your mom or dad yells sometimes, it's not your fault.

Q. What causes OSI?

A. There are two kinds of injuries: physical and psychological. Physical injuries can come from falling off a bike or getting hit by a ball. Usually we see signs of physical injury, such as scrapes or scratches or bruises. It's easy to understand that the person has pain when you see their injury.

Psychological injuries like PTSD or OSI are caused by intense stress, such as a threatening event. That's what happened to your parent on mission.

For a person with an OSI, one part of their brain is not working well. So we say they have a psychological injury. Psychological injuries are often really hard to understand because we can't see them.

When you have a very sore arm or leg, you may not sleep well and you may not feel like playing with your friends. It's the same for your parent. Trouble sleeping and mood swings can be signs of operational stress injury.

Q. Why is Daddy/Mommy not patient with me?

A. When Daddy/Mommy is working with other members of the military, they do what they're told without arguing. But with children, adults sometimes have to repeat things many times, and that's normal. However, it can be frustrating for someone with an OSI.

Your parents love you a lot. You can tell them that when they get really angry, it makes you feel sad or frightened.

Remember that time we were walking down the street and a big dog started barking and that scared you? Now, when you see a dog, you're scared that he will jump on you,

and you avoid him. Your brain learned that dogs can be dangerous, and it can take time to relearn that not all dogs are bad. That's what your parent has to do – the brain has to relearn that something dangerous on mission isn't dangerous in Canada.

Q. Will Daddy get better?

A. Yes. Medicines can help, but it takes time to find the right one. There is also therapy, which is a way of learning how to deal with the OSI.

Do you know anyone who has broken a leg? They need help for a while, either crutches for walking or support from other people. Sometimes, they have to learn to walk all over again. Remember that it can take time before they feel better and that leg may always be fragile. It's a bit like that with OSI.

Q. I am angry at Dad. Is this normal? What can I do if I'm angry or sad?

A. It's normal to feel angry or sad or confused when your parent has an OSI. Other children feel the same way. Talk to someone you trust, and tell them how you feel: your parents, a friend, your grandparents, an aunt or uncle, your teacher, your coach ... .

Q. Am I the only one to have a parent with an OSI?

A. No, you're not. Other children have a parent with OSI, just like you.

## C. NUTS & BOLTS OF SCREENING

### Setting up a screening

Key points to review with your host:

- Choose a venue based on the number of people you expect (try not to use a large space unless you can fill it -- large open spaces can work against comfort and intimacy)
- Is the venue easy to access for the public? Is it close to public transportation and parking? Is it wheelchair accessible?
- Are there coat racks?
- Is there space at the front for facilitators to stand?
- Can signs be posted at the door with directions to the screening room?
- Is it possible to use the same room -- or space nearby -- for an informal gathering after the film and discussion? An opportunity to socialize, with coffee, juice and cookies, etc. would be ideal.
- If local organizations invited by the host are sending representatives to the screening, you'll need a table to display their pamphlets and other materials
- You'll also need space for information materials for *Soldiers' Children*
- Avoid rooms with vending machines or ice machines – the noise is distracting – and ensure that doors to the screening room can be closed
- Are there window blinds or curtains that can be closed during daytime screenings?
- Tell your host that you'll be evaluating the facilitation after the event, and that you'd appreciate feedback.

What hosts need to provide:

Projection equipment

- Large projection screen
- Projector
- Projector stand
- DVD player. Although organizers often prefer to screen from a laptop computer, we have found that compatibility issues may cause the images to skip or freeze. This is a rare but unnerving event. Safest bet: use a HD DVD playback unit.
- **Sound system. This is the really important piece! Good sound is crucial.** Check out plans for a sound system with the host. For example, the speaker within the projector is rarely adequate for groups larger than ten. Computer speakers are definitely not up to the task. If there is any doubt about the quality of the speakers -- if volume or clarity is likely to be poor on the venue equipment -- consider bringing speakers from home or organizing a rental.
- Consider the need for microphones for facilitation, especially in large venues
- Encourage the participation of a technician (or someone who's familiar with the projection equipment) to do a sound and picture check 60 min before screening
- For 20 people or less, a big-screen TV is fine. The larger the group, the larger the screen that will be required.

*Before the screening*

Check in with your host to confirm arrangements. We recommend that you arrive 60 minutes before the screening to confirm logistics, complete a technical check, and convene a pre-briefing discussion with the host.

How much time is needed? For screenings of a single chapter from the film, allow **at least an hour** to play the chapter and discuss it with your audience.

## What to bring to screenings:

- DVD player
- 2 DVDs (use copies that have been pre-tested by facilitators)
- This User Guide, with chapter outline
- Signage if available
- Flyers
- Resource materials
- FAQs
- In large venues, microphones for facilitators and appropriate speakers for sound
- Stationery supplies
- Name tags if available
- Kleenex

## What to do when you arrive at the venue

- Plan to arrive **60 min** before screening
- Meet the host and confirm the plan for the event
- Briefly survey the venue
- Attend pre-briefing meeting, where tasks will be assigned and expectations discussed
- Review introductions and decide who will say what
- Unpack supplies
- Set up table display
- **Do technical checks**
- Locate light switches
- Ensure room is properly set up
- Greet guests

## How to do a technical check

Look at each factor:

- Colour quality (look at skin tones)
- Sharpness (may be an issue with portable projectors)
- Size and shape of images (big isn't always best; make sure image is level and not tilted)
- Sound: If treble is too high, you may hear tape hiss and sibilants. If bass is too high, you may get music distortion and voice muffling. Listen for a hum from amplifier or speakers
- Sound should always be a little louder in an empty hall. Once the room fills up, volume will be perfect.
- Check for background noise, i.e. vending machines
- Microphone: decide whether mike is necessary, whether podium will be helpful or too formal. Make sure you can switch off podium light and microphone before projection begins.
- Lights: Turn off the lights when the film starts. Make sure that any blinds are lowered to cover window light. When the screening is over, bring lights up slowly, if possible, one bank at a time.

## What to do and say at screenings

### Pre-briefing

Sit down with your host and co-facilitators to discuss your goals and expectations. Talk about the audience you expect, what some of their special needs and concerns might be, and how best to respond. Assign roles: who will be a greeter? Who will introduce the program? Will microphones be passed to people speaking from the audience?

### *Welcome and reminders*

- Host group opens screening by greeting audience, welcoming guests, thanking sponsors, describing host organization and mandate, introducing facilitation team
- Facilitators greet the audience and thank the host as well as the generous funders of this film
- First facilitator introduces him or herself. (Be concise and mindful. Tell how you came to the project, and then introduce the facilitator next to you. ) Other facilitators use the same model.
- Remind the audience that there will be a discussion period after the film. Indicate that the film is challenging and thoughtful, and may trigger a range of responses. Encourage them to be expressive or quiet -- whatever is most comfortable. At the same time, encourage them to reach out to others who may have similar experiences.
- If there will be an informal gathering after the discussion, with refreshments, announce it
- If local organizations have sent representatives, explain that they will be available after the discussion
- **Remind people to turn off cell phones and pagers**

## *Discussion after the film*

### General tips for opening up discussion

Don't be frightened by silence. The audience may need time to reflect. Give them permission not to speak.

Suggestions:

- Any thoughts, reactions?
- Any questions? No such thing as a silly question.
- Any story in particular resonate with you?
- Was there a word or idea that popped into your head when you watched the film?
- Has hearing the stories changed the way you feel?
- Where has the experience taken you?

If you wish, try some of the questions provided in the Chapter Guide (pp 6-14). Do not break the silence with humour (it can confuse the audience if you make light of the situation). If someone in the audience says something funny, it's OK to laugh – but at this point, resist the temptation to be funny yourself.

### Facilitation issues

The facilitator's role is to encourage discussion and set the tone (open, nonjudgmental). The best way to do this is to put aside your own issues, and focus on your audience: people who have just seen the film for the first time. Anxiety can get in the way of being fully present, so rather than being overwhelmed by the size of the audience, try focusing on one person at a time.

Trust another member of the team to sense what is happening in the larger group, noting whose turn it is to speak next, etc., as you respond to a question. A simple and effective way to encourage discussion is to paraphrase. Repeat what the previous speaker has said, in your own words, without interpreting it. This gives room for a story to continue.

Repeating a question or comment to the larger group is also a way of indicating that this speaker has been accurately heard. As you turn to others on the team or in the audience, you open up the discussion.

When answering a question, be careful to answer what is being asked.

Show appreciation to those who speak up.

Problems that may arise

Remember that you are representing the film, and not offering therapy or counselling. Be respectful: simply acknowledging someone's pain or loss is powerful.

A long silence may well be a natural response to feelings that the film has raised. It's not necessarily a problem. It's OK to proceed really slowly.

You may encounter a speaker who tells long personal stories. Try to validate the speaker's experience, by identifying the issues clearly. If necessary, gently interrupt; suggest talking informally afterward. It's appropriate to find a balance between the speaker's need to be heard and the needs of others.

If a speaker shows overwhelming emotion (anger, frustration, sadness), pause before you respond. This helps the speaker and the listeners. Speak slowly. Offer supportive words. Validate their emotions. Suggest talking together afterward.

If a speaker uses discriminatory language, rephrase with more accepted language. The way you respond models respectful language and clarifies misconceptions.

It's OK to acknowledge that not all issues are covered in the film. These are just a few stories, and everyone's stories are different.

It's also important to remember that we don't have all the answers. If a question is asked for which no one can find an answer, everyone has something to take home and ponder.

## *Wrap-up*

Keep it brief.

- Thank the host once more, and the audience for coming
- Invite the audience to join you for some refreshments (if applicable)
- Mention the website ([www.skyworksfoundation.org](http://www.skyworksfoundation.org)) and resource materials
- Ask anyone who would like to book a screening to speak to you afterward.

## *Debriefing*

- After the guests have left, meet with your team and the host for the debriefing
- Ask your host for feedback; if it's too much of a rush to do this after the screening, give the host a call the following day
- Did the event meet the goals that you established in the pre-briefing?
- Assign the task of sending a thank-you note to the host.



## DVD ORDER FORM

To order a DVD, please complete this form and send it to

V-Tape  
401 Richmond Street, Suite 452  
Toronto, Ontario M5V 3A8

Telephone: (416) 351-1317  
Fax: (416) 351-1509  
E-mail: [info@vtape.org](mailto:info@vtape.org)  
Website: [vtape.org](http://vtape.org)

Contact Name \_\_\_\_\_

Organization/Company \_\_\_\_\_

Shipping Address \_\_\_\_\_

City/Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

Tel \_\_\_\_\_ E-mail \_\_\_\_\_

Title(s) you are interested in \_\_\_\_\_

\_\_\_\_\_

## Acknowledgements

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